fedical Economics



four good things happen to your peptic ulcer patient when Kolantyl goes to work



Painful gastrointestinal spasm is relieved hyperacidity is neutralized - cellular repair

is encouraged · mechanical erosion is arrested (1).

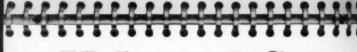
Give your next ulcer patient economical 4-way relief.

Prescribe pleasant-tasting KOLANTYL GEL.

(3) Johnston, R. L.: J. Ind. St. Mad. Ason, 46:869, 1953

(2) McHardy, G. and Browns, D.: Sou. Med. J. 45:1139, 1952





# Kolantyl Gel

### Rx INFORMATION

### Action:

- Bentyl\* combines spasmotysis and parasympathetic-depressant actions without the side effects of atropine.
- Prompt, prolonged neutralization of excess gastric acidity... magnesium oxide and aluminum hydraxide.
- Protective, demulcent coating action over the ulcerated area ...methylcellulose.
- Checks the mucus-destroying action of lysozyme and pepsin... sodium lauryl sulfate.
- \*Merrell's distinctive antispasmodic that is more effective than atropine —free from side effects of atropine.\*
- Composition: Each 10 cc. of Kolantyl Gel or each Kolantyl tablet contains:
- Bentyl Hydrochloride . 5 mg. Aluminum Hydroxide Gel 400 mg. Magnesium Oxide . . 200 mg. Sodium Lauryl Sulfate . 25 mg. Methylcellulose . . 100 mg.
- Desage: Gel-2 to 4 teaspoonfels every three hours, or as needed. Tablets - 2 tablets (chewed for more rapid action) every three hours, or as needed.
- Supplied: Gel 12 oz. bottles. Tablets-bottles of 100 and 1,000.
- T. M. Kolantyl®, 'Bentyl'.
- The Wm. S. Merrell Company CINCINNATI New York - St. Thomas, Outario

PIONEER IN MEDICINE FOR OVER 125 YEARS

# **Medical Economics**

AN INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS. CONTENTS COPYRIGHTED, 1955, BY MEDICAL ECONOMICS, INC., ORADELL, N.J.

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# IMPORTANT ANNOUNCEMENT

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MEDICAL ECONOMICS, Oradell, N.J.

MORE

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Published monthly at Oradell, N.J. Price 50 cents a copy, \$5 a year (Canada and foreign, \$6). Circulation, 134,000 physicians and residents. Accepted as a controlled circulation publication at the Post Office at Rutherford, N.J. PICTURE CREDITS (left to right, top to bottom): cover, 131, Al Kaufman; 5, Joseph Merante; 6, Wide World; 7, Ewing Galloway, N.Y., Swedish National Turel Office, Italian State Tourist Office, Swiss National Tourist Office; 106, Cleveland Health Museum, Lawrence S. Williams; 107-109, Cleveland Health Museum; 111, Walter Daran; 124, Il Arastrong Roberts; 285, Blackstone Studios; 295, Glogau. CARTOON CREDITS: 101, Mort Temes; 118, Harold Sharp; 120, Robert M. Vredenburg; 127, Jerry Marcus; 179, G. H. White; 101, Robert Tupper; 192, Ton Smits; 201, 247, Jack Markow; 219, 258, 265, Malcolm MacNelly; 233, 257, George Wolfe; 279, Jack O'Brien.

# Panorama

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for lower medical fees • New survey on patient attitudes •

How to buy a house with resale value • Life insurance

'specials' offered • More care for Army dependents

# **More Coverage Coming**

Blue Cross and Blue Shield may soon take a giant step into the major medical expense insurance field. No definite plans have been announced; but it's known that representatives of both organizations will consider proposals for extended coverage when they meet for their Annual Conference of Plans later this month.

These proposals were drawn up by a joint Blue Cross-Blue Shield committee. They should, if adopted, serve as a guide to Blue plans that have so far hesitated to venture into the major medical field. (Only about one plan in nine now offers "catastrophic" coverage. The commercial companies, on the other hand, have already sold over two million such policies.)

Exactly what the Blue plans will do to make up for lost time—and lost customers—won't be known until after the meeting. But their joint committee's report is believed to recommend an unlimited ceiling on the amount of dollar benefits payable for any one illness (most commercial companies have a set maximum). In addition, the committee is expected to propose an extension of benefits for nursing care, as well as for several illnesses not now covered by most insurance carriers.

# **Drug Prices Defended**

The public often grumbles that drugs are too costly—and so do some doctors. What the grumblers forget is that "antibiotic drugs are a bargain at any price," says John L. Bach, A.M.A. press relations director.

It can't be pointed out too often, he says, that "five dollars' worth of penicillin can eliminate the need for a \$150 mastoid operation and \$200 in hospital bills." The public should learn, too, he says, what the antibiotics have wrought in eliminating the danger from certain illnesses and in cutting down the man-hours lost in prolonged convalescence.

"Compared with early prices," Bach points out, "antibiotic prices today are inordinately cheap." He cites some examples of their downward trend that he feels most people arm't aware of:

In 1944, penicillin cost \$20 for an average dose of 100,000 units. Today, it is anywhere from two to eight cents for the same amount. Streptomycin came on the market at \$15 a gram. Today, the same amount can be bought for 15 cents. Some of the more recently developed antibiotics in the broad spectrum group have been cut 50 per cent."

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The income tax filing deadline may still be a month away-it's April 15 this year, remember. But Internal Revenue agents already have their me-toothed combs ready.

One indication that returns will be checked more carefully than ever this year: In New York City alone, the Service has added sixty investigators to its intelligence division; and it has been alleged that many of them will be working exclusively on doctors' returns. [To make sure your form is in apple-pie order, study the sample filled-in tax forms on pages 130-143 of this issue.

# **G.P.-Union Tiff**

The American Academy of General Practice, which has often had to fight hard to win its members recognition on a par with specialists, may be facing another battle-this time with the United Mine Workers.

Academy spokesmen say the union's seven-state Western division (centered around Colorado, Wyoming, and Utah) recently excluded G.P.s from the list of physicians entitled to perform surgery for miners and their families under the U.M.W. Welfare and Retirement Fund.

Alleged reason for this action: The U.M.W. doesn't consider A.A.G.P. membership requirements selective enough to insure "aboveaverage competence."

The union denies that it has restricted the G.P.s. It intimates that it merely believes surgery should be performed by surgeons. Nevertheless, the executive medical officer of its welfare fund, Dr. Warren F. Draper, and the medical director for



JOHN L. BACH 'Drugs are a bargain at any price'



DR. WILLIAM HILDEBRAND For G.P.s, a recognition problem

the union's Western area, Dr. William Dorsey, have both indicated a desire to clear up any existing misunderstanding. Dr. Draper, for example, has agreed to meet with a three-man committee of G.P.s, to thrash out the matter.

Says A.A.G.P. President William B. Hildebrand: "I think there's a good chance we can straighten this whole thing out yet."

# **Fees Called Too High**

Demands for lower doctors' fees come not only from medicine's opposition. Some of those who have the profession's best interests at heart have also joined the chorus. Among them: Republican Congressman Walter H. Judd—himself a plasician.

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Speaking in the West, the Minnesota lawmaker has issued a sten warning. Unless the nation's medical associations see to it that their members "cooperate by keeping fees down," he says, the country will turn inevitably to socialized medicine.

# Reinsurance Fuel

Although Americans have more health insurance than ever before, they still pay for the bulk of their medical care out-of-pocket. Evidence of this comes from Social Security Administration figures showing that health insurance now pays for about one-sixth of the country's



REP. WALTER JUDD

His warning: lower fees—or die

annual medical bill of \$12.4 billion.

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There's every reason to believe that the Administration will make heavy use of this fact in pushing its reinsurance program. As U.S. News & World Report points out, the Eisenhower forces will undoubtedly argue that only with Federal sup-

# **Medical Meetings in Europe**

Off to Europe? If you are you may want to take a busman's holiday from churches, museums, and cafes. So here's a partial list of the many medical meetings scheduled there during the next few months:

April 10-18. ATHENS. International Congress of Urology.
May 23-26. GENEVA. International Surgical Congress.

Mey 26-31. LAUSANNE, SWITZERLAND. International Congress of Comparative Pathology.

June 1-4. LONDON. Representative Meeting of the British Medical Association.

June 13-17. Scheveningen and The Hague, Holland. European Congress on Rheumatism.

June 18-19. STOCKHOLM. Congress of the International Association for the Study of the Bronchi.

June 27-28. PARIS. International Syndicate of Gynecologists and Obstetricians.

4-8. CAMBRIDGE, ENGLAND. Congress of International Diabetes Federation.

My 23-29. COPENHAGEN. Congress of International Society of Surgery.

halp 24-28. GENEVA. Congress of the International Psychannelytic Association.

his 25-30. Paris. International Anatomical Congress.

tional Congress of Plastic Surgery.

Ang. 1-6. BRUSSELS. International Congress of Biochem-

Sept. 1-4. VERONA, ITALY. International Medical Con-

Best. 2. Friboung, Switzerland. International Congress

of Angiology and Histopathology.

Sept. 5-10. SCHEVENINGEN. World Congress of Anesthesiologists.

Sept. 12-17. LONDON. International Congress of Neuropathology.

Sept. 13-17. LONDON. Neurocardiologic Symposium.

Sept. 20-24. FREIBURG, GERMANY. International Congress of European Society of Haematology.

Sept. 20-26. VIENNA. World Medical Association.











port "for the heaviest medical costs" will the insurance companies be able "to offer more protection at lower prices."

# No D.O.s for Hospitals

At its June convention, the A.M.A. may at last remove the stigma of cultism from osteopathy. But that won't make it easy for a D.O. to get an appointment to a regular hospital—at any rate, not right away. The Joint Commission on Accreditation of Hospitals has announced that any institution that appoints an osteopath to its staff will immediately lose its approved status.

# **New Attitude Study**

The biggest effort yet to find out how your patients feel about the medical care they're getting is soon to be launched. The Health Information Foundation has announced its sponsorship of "the first truly comprehensive, nation-wide survey ever made to determine people's attitudes toward medical services and those who dispense them."

The purpose of the study, according to George Bugbee, Foundation president, is "to compile data useful to all groups which encourage, through education, the wisest use of health services and the broadest distribution of medical care."

The project is to be completed in about eighteen months and will be financed entirely by a \$100,000



# ALGESIA

(free from risk of addiction)

# in whatever potency each patient may require

by facilitating the optimal analysis medication of each patient whost risk of addiction, PHENAPHEN and PHENAPHEN WITH CODEINE have proven their wide range of clinical usefulness—for cases of single headache to many of late cancer.

Ine pharmacodynamic synergism enhances the therapeutic patern or of each of the 4 forms available for discriminating prescription:

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Phonophon No. 2

PHENAPHEN

with CODEINE PHOSPHATE 1/4 GR.

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m COOLINE PHOSPHATE 1/2 GR.

tek black and green capsule contains:

The basic phonophen formula: plus

Cabita phonophete (½ gr.).......32.4 mg.

Phonophen No. 4

Phonuphan No. 4
PHENAPHEN

with CODEINE PHOSPHATE 1 GR

A. H. ROBINS CO., INC. . Richmond 20, Virginia

Ethical Pharmaceuticals of Merit since 1878

Phenaphen with Codeine



# Mercodol c Decapryn

- Antitussive action does not obstruct productive cough (Mercodinone)
- Bronchodilation relieves congestion (Nethamine)
- Effective expectorant (Sodium Citrate)
- Antihistaminic relief (Decapryn)

Mercodol with Decapryn is an exempt narcotic. No narcotic order form is necessary. T. M. Mercodol®, Nethamine®, Mercodinone®, 'Decapryn'

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Pioneer in Medicine for Over 125 Years 1

10 MEDICAL ECONOMICS - MARCH 1955

### PANORAMA

grant from the Foundation. The ter is a nonprofit, fact-finding quization sponsored by 200 leaders the drug, pharmaceutical, chemicand allied industries.

The actual research will be does by the National Opinion Research Center of the University of Chicago. This is the same organization that conducted the Foundation's survey of medical care costs in the U.S. (see MEDICAL ECONOMICS, March, 1956).

# **Malpractice Rates**

The current leveling-off trend in malpractice insurance rates has not been reflected in Tennessee. There, the base rate for physicians has jumped from \$40 to \$60, while that for the surgeons' classification has gone from \$60 to \$90. In most other states, there has been no rise for several months.

# House of the Future

If you're thinking of buying a hous, but aren't sure you'll want to live it for the rest of your life, you'll deviously want one you'll be able to dispose of readily.

Of course, there's no way of teling exactly what the public taste will be when that time comes. But if the present trend continues—and most builders agree that it's likely tehere, according to Business Week, are some of the features the average American house-shopper is likely to be looking for:

combat resistant bacteria. Chloromycetin



The rising incidence of bacterial resistance to various antibiotics constitutes a serious therapeutic problem. Many infections, once readily controlled, are now proving difficult to combat. Administration of CHLOROMYCETIN (chloramphenicol, Parke-Davis) is often useful in these cases because this notable, broad-spectrum antibiotic is frequently effective where other antibiotics fail.

"...An advantage of CHLOROMYCETIN appears to be its relatively low tendency to induce sensitization in the host or resistance among potential pathogens under clinical conditions."\*

CHLOROMYCETIN is a potent therapeutic-agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

\*Pratt, R., & Dufrenoy, J.: Texas Rep. Biol. & Mod. 12:145, 1954.



PARKE, DAVIS & COMPANY . DETROIT 32. MICHIGAN

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SERPASIL® (reserpine creations of the control of th

en initial thorapy—in all cases;

REPPASTA, a pure cryatalline askaloid of rauwolfic root-particularly effective in the neurogenic forms of hypertension. Acts contrally-dranguillines, moderately inversibled pressure, slows heart rate.

# Serpasil'

combination therapy is indicated:

SERPANIAPRESOLINE a combination product offering convenience and economy in the more complicated cases involving both accremate and burneral factors.

# Serpasil'Apresoline'

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- APRIBOLISM and controlls and propheredly for a medical entity or state offset. Increases read plasma flow produces vision
- Apresoline'

Parenteral Sounded the unarogardistric and only), 2.5 mg, per ml., in 2 md, anopula.

mass democrate Walletin, such containing 0.1 mg, of Sergasil and 25 mg, of Apresoline.
Tabletin, each containing 0.2 mg, of Sergasil and 50 mg, of Apresoline.

deceasing Tablets, 18 mg, 13 mg, 58 mg, and 100 mg.

CIBA

# Edrisal\*

S.K.F.'s antidepressant analgesic

for optimum results in headache



always prescribe

'Edrisal' tablets per dose

Smith, Kline & French Laboratories, Philadelphia

&T.M. Reg. U.S. Pat. Off.

## PANORAMA

More and bigger rooms. The idea right now seems to be at least three bedrooms and two bathrooms

A bigger plot and more land. scaping.

¶ Large glass windows, both front and rear.

A two-car garage or carport,

¶ A well-defined dining area.

¶ A large, well-lighted kitchen with lots of gadgets.

# Insurance 'Specials'

An upheaval now current in the life insurance industry is causing widespread rate-cutting and will probably lead many a physician to reassess his life insurance needs.

In the past, the average person who bought insurance-no matter how much-was charged the same rate per thousand dollars' coverage as everyone else of the same age and physical condition. But now, as Time magazine points out, "most big insurance companies have started giving quantity discounts on what they call 'specials.' New York Life Insurance Co. and Equitable Life Assurance Society [have] cut rates some 15% on policies of \$10,000 and up. Travelers Insurance Co., John Hancock Mutual Life Insurance Co. and others are pushing their own specials to meet the competition."

What accounts for this sudden slicing of premiums? An insurance executive explains it by saying that his company (like other carriers) brady

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# Life becomes more livable for the Anginal Patient

Pentoxylon combines the badycrotic, tranquilizing, stress-relieving effects of Rauwiloid®, 1 mg., with the prolonged coronary vasodilating influence of pentaerythrital tetranitrate (PETN), 10 mg.

Reduced heart rate—due to Rauwiloid—lengthess diastole and leads to better coronary filling and lessened cardiac work.

This new approach reduces nitroglycerin need, in many instances obviates it; increases exercise tolerance, reduces anxiety, allays apprehension, and produces objective, ECG-demonstrable improvement.

Equally indicated in normotensive and hypertensive patients, since Rauwiloid tends to lower devated blood pressure but does not affectnormal tension. Clinical test samples on request. LASTING CORONARY DILATATION

LOWER PULSE RATE

BETTER CORONARY CIRCULATION

LESSENED CARDIAC WORK

IMPROVED PSYCHIC STATUS

Dosage: one to two tablets q.i.d. In bottles of 100 tablets.

PENTOXYLON

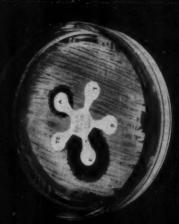
Each tablet contains pentaerythritol tetranitrate (PETN) 10 mg. and Rauwiloid® 1 mg.



iker) LABORATORIES, INC., LOS ANGELES 48, CALIF.

MEDICAL ECONOMICS - MARCH 1955 15

# against staphylococci



# against coccic infections.. for specific therapy

that's the story of ERYTHROCIN Filmtab\*. As you know, Wide range activity against gram-positive pathogensby staph-, strep- or pneumococci. And that is the very most bacterial respiratory infections are produced range where ERYTHROCIN is most effective. In fact, you'll find it more active against this group of organisms than many other antibiotics.



Erythrocin Stearate



# of serious side effects ... with little risk

1111111

(ERYTHROMYCIN STEARATE, ABBOTT)

It destroys coccic invaders, yet doesn't materially change are rarely encountered with ERYTHROCIN. Nor does One reason is because the drug acts specifically. the normal intestinal flora. Thus, side effects occasionally seen with penicillin. Offort it cause the allergic reactions



Enthrogin STEARATE (ERTTHEOMYCH STEARATE

THE FOR ASSOTT'S FILM BEALED TABLETS, PAT. APPLIED FOR



### PANORAMA

must compete with General Mo and Westinghouse for the averman's dollar and that the quandiscount is helping it to do so,

Even so, some buyers are find that the special policies are a bharder to get. For, as Time so "most companies require strice medical exams and one-year a vance payment of premiums." But considerable number of physicial are none the less likely to be eventually from the lower rates.

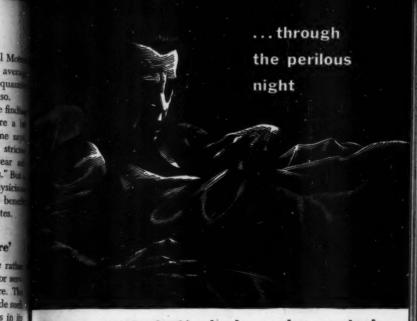
# Army Bait: 'More Care'

Apparently there'll be more rather than less free medical care for serice dependents in the future. The Defense Department has made succare one of the main planks in its program to "sell" military service is a career. A bill to implement the idea is considered almost certain of passage by the present Congress.

# Mass Check-Ups a Flop?

Multiphasic screening has had a sharp setback—and at the hands of some of its earliest boosters. As recently as 1953, Los Angeles doctors hailed the mass, one-shot examinations as a step forward in preventive medicine. The county medical association even acted as guardian angel and coordinator of the first screening held in the area. But now the society has announced that it will have nothing further to do with such tests.

Yo



# You can prevent attacks in angina pectoris

Fear is a faithful companion. In angina pectoris, particularly, many patients live in constant dread of recurrent attacks.

Prophylaxis with Peritrate, a long-acting coronary vasodilator, offers new security in a majority of such cases. A single dose affords protection for as long as 4 to 5 hours, compared to 30 minutes or less with nitroglycerin.

Different investigators1-8 observed that 80% of their patients responded to Peritrate therapy with fewer, less severe attacks . . . reduced nitroglycerin dependence . . . improved EKG's. A variety of convenient dosage forms now extends these benefits. Peritrate Delayed Action tablets (10 mg.), taken with the regular bedtime dose of Peritrate (plain) help allay the fear of nighttime attacks. Adapted to the recommended daily dosage of 40-80 mg., Peritrate is available in 10 mg. and 20 mg. tablets. And when added sedation is indicated, you can prescribe Peritrate (10 mg.) with Phenobarbital (15 mg.).

Winsor, T., and Humphreys, P.: Angiology 3:1 (Feb.) 1952.
 Piotz, M.: New York State J. Med. 52:2012 (Aug. 15) 1952.
 Dailheu-Geoffroy, P.: L'Ouest-Médical, vol. 3 (July)

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# 'Thorazine' is "an effective agent for blocking the mechanism of nausea and vomiting..."

This conclusion was reached after a study of 'Thorazine' in 336 patients with severe nausea and vomiting from many different causes, including the following:

drugs such as digitalis, aminophylline,
antibiotics and morphine; infectious or
toxic reactions, such as gastroenteritis;
congestive heart failure; peptic ulcer; intestinal obstruction; general anesthesia;
and pregnancy.

Moyer et al.: A.M.A. Arch. Int. Med. 94:497 (Sept.) 1934.

# THORAZINE\*

'Thorazine' Hydrochloride is available in 10 mg., 25 mg., 50 mg. and 100 mg. tablets; 25 mg. (1 cc.) ampuls and 50 mg. (2 cc.) ampuls; and syrup (10 mg./5 cc.). Information available on request.

Smith, Kline & French Laboratories
1530 Spring Garden Street, Philadelphia

\*Trademark for S.K.F.'s brand of chlorpromazine.

Chemically it is 10-(3-dimethylaminopropyl)-2Chlorphenothiazine.



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### PANORAMA

What caused this change of heart? Says a Los Angeles doctor, summing up the objections of his colleagues: "The trouble is, the publicity in industrial plants makes multiphasic screening sound like a panacea for all medical ills. In fifteen minutes they give the worker a seven-point test. If he passes it—and the chances are he will—he goes away with a false sense of security. He isn't told that a person can pass all the superficial tests and still be falling apart at the seams."

Simultaneously with the Los Angeles association's withdrawal of support for mass check-ups, the nation's radiologists (then meeting in Los Angeles) made an announcement of their own. Said the Radiological Society of North America:

"Multiphasic screening, while superficially appealing, is a very poor way of doing something important for the public health. Even on a large scale, it has proved an extremely expensive way for the public if all costs are listed. It gives the semblance of scientific accuracy... but yields little in concrete improvement... It is mechanized, impersonal, and incomplete. At best, it is merely a preliminary step in diagnosis."

Do these disavowals mean an end to preventive check-ups for workers in the Los Angeles area? Probably not The medical society has already offered management and labor several substitute plans. One suggestion now under consideration calls for



Convenient! Complete!

## TUBE-FEEDING FORMULA

supplies essential nutrients for 24 hours!

MIX:

1 qt. whole milk 3 cups (405 Gm.) non-fat milk powder

4 heaping thsps. (60 Gm.) GEVRAL PROTEIN

Water to make 2,000 cc.

SUPPLIES:

Liquid 2,000 cc.
Protein 217 Gm.
Fat 42 Gm.

Carbohydrate 273 Gm.
Calories 2,354



# GEVRAL Protein

Geriatric Vitamin-Mineral-Protein Supplement Lederle

LEDERLE LABORATORIES DIVISION
AMERICAN Gamenid COMPANY PORT RIVER, New York

MREN. U.S. PAT. OFF.

MEDICAL ECONOMICS - MARCH 1955

.) 1954.

and

uls:

employers, unions, and public health agencies to contribute \$5 each per person for a comprehensive annual study of the employe's health.

Under this proposal, the various tests would be individually administered. And the results would be handed over to a paid general practitioner for coordination.

# How to Pick a Camp

Going to send the kids to camp this summer? Then choose your camp soon. Otherwise you may find your choice severely limited. So says the American Camping Association, warning that many good camps are largely booked already.

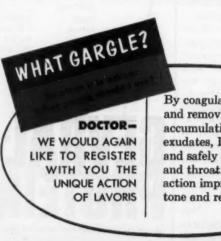
Some other camp-shopping to

If you don't know of any conin your area or aren't satisfied alistings in local newspapers, try or sulting a near-by department sumst large stores have camp-references. If this doesn't help, with directly to the association at 3435 Dearborn St., Chicago.

Watch out for high-pressure sales tactics. Good camps these day don't need to resort to them.

¶ Avoid camps that offer you cut rate for recommending anothe child.

f Find out as much as you ca about the camp's staff. If there's large turnover every year, it's an ahealthy sign.



By coagulating and removing mucus accumulations and septic exudates, Lavoris effectively and safely cleanses the mouth and throat. Its stimulating action improves tissue tone and resistance.

> A PRODUCT OF MERIT FOR 50 YEARS

THE LAVORIS COMPANY . Minneapolis, Minn

sing tipe any camp sfied wit s, try coent store ap-referra elp, with at 3433

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tat therapy

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or infection
and
stress...

# ...with a single prescrip

Tetracyn and penicillin has not altered the wise admontito "treat the patient as well as the disease." The Nations Research Council has emphasized that certain water-soluble vitamins (B-complex and C) and vitamin K are involved in body defense mechanisms as well as in tissue repair and are required in increased amounts during the stress of febrils infections. Yet there is often a considerable reduction in the normal supply of these important nutritional elements in acutely ill patients who are candidates for antibiotic therapy.

Unique new Stress Fortified Terramycin-SF, Tetracyn-SF and Pen-SF are formulated in accordance with National Research Council recommendations for vitamin supplementation in sich or injury, as a significant contribution to rapid recovery and convalescence. The patient is assured the maximum benefits of modern antibiotic therapy plus the needed vitamin support—without additional prescriptions, and at little additional cost

Pollach, H., and Halpern, S. L.: Therapeutic Nutrition, Prepared with Collaboration of the Committee on Therapeutic Nutrition, Food and Nutritionard, National Research Council, Bultimore, Waverity Press, 1952.

tress Fortified

Terramycin- F

Tetracyn-SF

STATES OF TETRACTOLISE WITH STATES

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BANCS OF PERSONAL SPECIAL STATE STREET,

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at little – additional cost to the patient

Stat therapy for infection andre

Terramycii

Tetracyn

The usual daily dose of 1 Gm. of either broad-spectrum antibiotic or 600,000 units of Pen-SF supplies the equivalent of one Stress Formula capsule as recommended by the National Research Council, at little additional cost to the patient. Pell Balan of Pellicature Pol

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MYSULES 250 mg.
(ALL SUSPENSION (fruit flavored.)

Et us, nor 5 co., teaspoonful



CAPSULES 250 mg.
COLL SUSPENSION (fruit flavored)
Lib mg. per 5-cc. tenepoonful

Each 250 mg. Capsule of these broad-spectrum antibiotics of choice and each 250 mg. dose of the flavorful Oral Suspensions supplies in addition to the antibiotic:

Ascorbic acid, U.S.P.	75 mg.
Thiamine mononitrate	2.5 mg.
Riboflavin	2.5 mg.
Niacinamide	25 mg.
Pyridoxine hydrochloride	0.5 mg.
Calcium pantothenate	5 mg.
Vitamin B <sub>18</sub> activity	1 mcg.
Folic acid	.375 mg.
Menadione (vitamin K analog)	0.5 mg.

SF

-

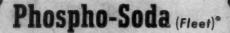
Each Capsule contains 200,000 units of crystalline potassium penicillin G plus:

Ascorbic acid, U.S.P.	100 mg.
Thiamine mononitrate	3.33 mg.
Riboflavin	3.33 mg.
Niacinamide	33.33 mg.
Pyridoxine hydrochloride	0.66 mg.
Calcium pantothenate	6.66 mg.
Vitamine B <sub>18</sub> activity	1.33 mcg.
Folic acid	0.50 mg.
Menadione (vitamin K analog)	0.66 mg.



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DIVISION, CHAS, PFIZER & CO., INC.



A laxative of choice for more than 60 years because it's gentle, prompt and thorough.

Phospha-Sada (Fleet) is a solution containing per 100 cc., sodium biphosphate 48 gm. and sodium phosphate 18 gm.

Also gentle, prompt, thorough . . . the FLEET ENEMA in the "squeeze bottle" Disposable Unit.

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A gentle reminder . . . prescribe gentle

Phospho-Soda



# When you use B-D MULTIFIT SYRINGES you get

ease and speed of assembly — less labor Tedious matching of parts is eliminated.

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reduced breakage Because it's molded, the MULTIFIT Syringe barrel is tougher—stronger—more resistant to breakage.

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2 cc., 5 cc., and 10 cc. — LUER-LOK® or Metal Luer tips.

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# AEROPLAST°

Brand of Vibesate

# LIQUID SURGICAL DRESSING



is now accepted
by the Council on
Pharmacy and Chemistry of
the American Medical Association

from the N. N. R. Monograph CC VIBESATE - (Aeroplast)

Vibesate is a modified polyvinyl plastic that forms a rapidly drying, transparent, pliable, and occlusive film when applied topically as a liquid spray containing a suitable volatile solvent and gaseous propellant.

Vibesate is useful as an occlusive surgical dressing for burns as well as for operative wounds and other surface lesions, particularly when use of gauze or other fabricated dressings is undestiable or inconvenient. The film also is suitable for covering certain skin eruptions, including macerated excoriations, decubitus and traumatic ulcers, and abrasions.

easy to apply <



 Spray a light film onto aseptic dry wound from a distance of 6 to 12 inches.

Cover adjacent area of intact skin to provide anchorage. Hemostasis should be complete. May be applied over sutures.

Allow film to dry for 30 seconds.
 (sufficient time for the acetone solvent to evaporate)

3. Repeat "spray and let dry" procedure (steps 1 and 2 above) two more times.

Aeroplast is sterile

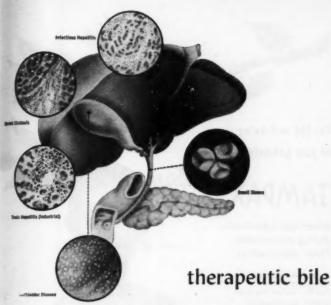
Supplied in 6 oz. aerosol-type dispenser.

Available through your surgical dealer or prescription pharmacy.

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# in liver and gallbladder disorders

"...due to the production of true hydrocholeresisa marked increase both in volume and fluidity of the bile."\* "...the objectives of the principal therapy cannot but be furthered...."\* "... confirmed further by the clinical experiences reported."

# DECHOLIN® and DECHOLIN SODIUM®

(dehydrocholic acid, Ames)

(sodium dehydrocholate, Ames)

Decholin Tablets, 314 gr. (0.25 Gm.); bottles of 100, 500, 1000. Decholin Sodium, 20% aqueous solution; ampuls of 3 cc., 5 cc. and 10 cc.; boxes of 3, 20 and 100.

Schwimmer, D.; Boyd, L. J., and Rubin, S. H.: Buil. New York M. Coll. 16:102, 1953.



AMES COMPANY, INC . ELKHART, INDIANA Ames Company of Canada, Ltd., Toronto

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# When the mother

# asks-

"Which vitamin drops should I use?" -she looks to you for <u>specific</u> advice.

And when you specify easy-to-take

Vi-Penta® Drops 'Roche,' you know
they are dated to ensure full

potency...they contain <u>synthetic</u>

vitamin A plus seven other vitamins

(including B<sub>6</sub>)...and they taste good.

# Especially for pediatrie infections —

When you prescribe Gantrisin®
(acetyl) Pediatric Suspension
'Roche,' you may be sure of
two things: It really tastes
good -- so good even sick
children take it gladly -and it offers wide-spectrum
antibacterial therapy that is
usually well tolerated.

#### How Carnation protects the baby's formula from farm to bottle

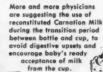


#### Guards Your Recommendation Five Important Ways

(1) Here, at the famous Carnation Farms near Seattle, Carnation's vigilance begins. Cattle from the world-champion Carnation bloodlines are shipped to Carnation supplier herds throughout America.

Thus, daughters of such famous champions as Carnation Ormsby Madcap Fayne and Carnation Homestead Daisy Madcap help in improving the milk supply of Carnation plants.

A NEW IDEA



MILK OF BLUE BIRROW BUALITY THE MILK EVERY DOCTOR



(2) Carnation supplier herds and equipment are inspected regularly by Carnation Field Service Men.



(3) In the Carnation Laboratories, research guards the purity and the nutritive values of Carnation Milk.



(4) Carnation Milk is processed solely by Carnation, in Carnation's own plants, to Carnation's high standards.



(5) Carnation store stocks are date coded, inspected by Carnation salesmen to assure freshness, high quality.

#### FOR VARICOSE VEINS FROM BAUER & BLACK

## AN ELASTIC STOCKING THAT DOESN'T LOOK LIKE ONE

So sheer, your patients will wear it cheerfully—yet it gives correct, graduated support from

Now you can prescribe elastic stockings that are truly sheer and inconspicuous. So sheer and dressy-looking, in fact, your patients can wear them without overhose. (No patient co-operation problem with these stockings.)

ankle to thigh

Yet sheer as they are, Bauer & Black elastic stockings give proper remedial support. They're knitted with rearfashioning seam so that pressure is adjusted to leg contours, avoiding undesirable constriction. Pressure decreases gradually from ankle up, gently speeding venous flow.

Shouldn't you prescribe Bauer & Black elastic stockings next time? More doctors do.



(BAUER & BLACK)

**ELASTIC STOCKINGS** 

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### OR SORE THROAT

Here is the modern prescription for nonfebrile sore throat. WYBIOTIC Troches combine three antibiotics-without penicillin-for broad local attack against the commonly mixed oral pathogens. Gram-negative, gram-positive therapy with no danger of sensitization or resistance to systemic antibiotics-spares them for more serious illness. Effective, palatable, safe.

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# 300 mm MERCURIAL All Purpos Pocket Size SPHYGMOMANOMETE



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Yes . . . full scale 300 mm meray measurement with accuracy "SEALS IN" at the factory! Use the MANOIES in your office . . . on your desk with special wall bracket or portals floorstand. Slip the SAME instruments your pocket or bag for here calls, with confidence that the Beta MANOIEST'S findings are always comparable. Ideal for every was in hospitals, clinics, offices and school.

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Full 300 mm mercury measurment . . Big easily readable ANGLED scale . . Leak-proic can't lose mercury . . Corrected for position, vibration or sheck.. Special means for keeping mecury clean . . Impressive NW LOOK . . "Quik-Hook" cuff; leag tube leads . . Protective zipper carrying case. Colors: Ivery, Gry or Mahegany.

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Complete with self-adjusting "Quit hook" cuff, extra long tube lead, bulb and zipper carrying case.

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PAIN HAS TWO ASPECTS. WHY TREAT ONLY ONE?



Pain has two aspects—physical and psychic. Most analgesics, however, treat only physical pain. But as Krantz and Carr point out: "... the emotional trauma produced by the pain is an essential segment of the pain syndrome which must be treated."

'Daprisal' does just that. 'Daprisal' relieves the psychic aspects of pain because it contains the components of Dexamyl\*

-S.K.F.'s widely prescribed mood-ameliorating preparation.

'Daprisal' also relieves physical pain because it provides the combined analgesic effect of acetylsalicylic acid and phenacetin —potentiated by amobarbital.

## DAPRISAL

for the relief of pain and the mental and emotional distress that prolongs and intensifies pain

Smith, Kline & French Laboratories, Philadelphia

1. Krantz, J. C., and Carr, C. J.: Pharmacologic Principles of Medical Practice, Baltimore, Williams & Wilkins Co., 1951, p. 587.

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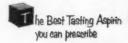
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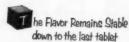
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We will be pleased to send samples on request

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#### invitation to asthma?

#### not necessarily . . .

Tedral, taken at the first sign of attack, often forestalls severe symptoms.

relief in minutes... Tedral brings symptomatic relief in a matter of minutes. Breathing becomes easier as Tedral relaxes smooth muscle, reduces tasue edema, provides mild sedation. for 4 full hours . . . Tedral maintains more normal respiration for a sustained period—not just a momentary pause in the attack.

#### Tedral provides:

Theophylline			. 2 gr.
Ephedrine HCl			.3/8 gr.
Phenobarbital			.1/8 gr.
in boxes of 24, 120	and	1000	tablets

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## **MOL-IRON®**

## The Newest Advance In Antianemia Therapy

The new Mol-Iron Panhemic formula in a daily dose of 2 small capsules provides:

- One U.S.P. Oral Unit of antianemia activity fortified with an additional therapeutic amount of vitamin B<sub>12</sub> as a further "safety factor."
- Folic Acid and Ascorbic Acid—therapeutic amounts for those anemias responsive to these essential hemopoietic factors.
- Mol-Iron—clinically established as the better tolerated, most effective iron therapy known.
- Essential B-vitamins—to relieve complicating nutritional deficiencies.

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## For All Amenable Anemias

## PANHEMIC

Here is the new Mol-Iron Panhemic formula

The daily dose of 2 capsules contains:

Mol-Iron (the superior form of oral iron)\*

Ferrous Sulfate . . . . . 1 Gm.

Molybdenum Oxide... 15.4 mg. Vitamin B<sub>10</sub> with Intrinsic Factor

Concentrate . 1 U.S.P. Oral Unit

Folic Acid... 5.0 mg. ← doubled Ascorbic Acid..... 150 mg.

Riboflavin..... 4 mg. ← added

Nicotinamide... 20 mg. ← added

\*Well-tolerated, more effective Mol-Iron is an exclusive, patented, coprecipitated complex of ferrous and molybdenum salts which exhibits unique advantages as a hemopoletic agent.

\*\*as derived from Streptomyces fermentation extractives.

Supplied: bottles of 60 and 500 capsules.

White Laboratories, Inc. Kenilworth, N.J.

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triple synergism in the control of SPASM

Tri-Synar is predominantly a parasympathetic sedative and combines anticholinergic, antihistanic and direct musculotropic action.

Now, with Tri-Synar, you can control smooth muscle spasm with only a fraction of the usual deed beliadonna. Extensive clinical studies show that effects are truly therapeutic. Beliadonna side adias are seldom, if ever, encountered.

#### Triple synergism—implying triple points of attack—greatly increases the range of usefulness of Tri-Synar

#### Musculotropic



antihistaminic

Each Tri-Synar tablet contains:

\*The amount of belladonna is equivalent to 2.5 minimed

tincture of belladonna.

Supplied in bottles of 100 tablets.

Excellent anticholinergic effect Antihistaminic effect

Excellent antihistaminic effect Low toxicity (drowsiness remarkably rare) Atropine-like effect

Musculotropic effect
Excellent in inhibiting smooth muscle spasm
of gastrointestinal and biliary tract
Atropine-like effect
Free of addicting properties

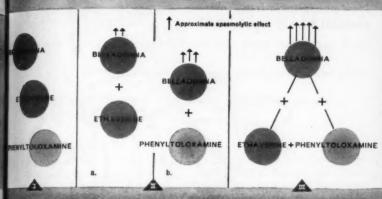
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PHENYLTOLOXAMINE -

TRIPLE SYNERGISM BROADENS THE SPECTRUM OF INDICATIONS

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## TRIPLE SYNERGISM PROFOUNDLY MAGNIFIES THERAPEUTIC EFFICACY



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4.1 mg.

20.0 mg.

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- a. When etheverine is added to beliadonne, the effect is negligible.

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  - b. When phonyltatusmine is added to befladonne, a definite though moderate effect occurs.

When all three drugs—beliedenne, with avarine and phonytoloxamine—are applied simultaneously, a professed offeet (100% protection against experimentally induced spazm) is avident.

## TRI-SYNAR

#### Clinical Indications

- Spastic and functional conditions of the gastrointestinal tract (including spastic colitie, epigastric distress, adjunctive therapy in peptic ulcer, spastic constipation).
- Billary syndrome (dyskinesia, cholecystitis)
- Primary dyamonorrhea Vomiting of pregnancy
- . Dysuria and mild pretoral spaces

#### Dosage and Administration

1 tablet t.l.d. or q.l.d.; in the more severe cases, 2 tablets t.l.d.



THE ARMOUR LABORATORIES

A DIVISION OF ARMOUR AND COMPANY .. KANKAKEE, ILLINOIS



CYESICAPS\* LEDERLE

#### Prenatal Vitamin-Mineral-Capsules

Six capsules supply:

Calcium Lactate, 3720 mg.; Calcium (as Lactate), 600 mg. (40% MDR); Intrinsic Factor Concentrate, 1.5 mg.; Vitamin A, 6000 U.S.P. Units (150% MDR); Vitamin D, 400 U.S.P. Units (100% MDR); Thiamise Mononitrate (B1), 1.5 mg. (150% MDR); Riboflavin (B2), 3 mg. (150% MDR); Niactnamide, 15 mg.; Vitamin B12, 6 micrograms; Ascorbic Acid (C), 150 mg. (500% MDR); Folic Acid, 2 mg.; Pyridoxine HCl (B4), 6 mg.; Calcium Pantothenate. 6 mg.: Vitamin K (Menadione). 1.5 mg.: Iron (as FeSOe exsiscated). 15 mg. (1995; MDR); Vitamin E (as Tocopheryl Acetate), 6 I.U.: Notine (as K.), 0.1 mg. (100% MDR); Fluorine (sc CaF2). (0.90 mg.; Copper (as CuO). 0.9 mg.: Potassium (as K<sub>2</sub>SO<sub>4</sub>), 5 mg.; Manganese (as MiOO), 6.3 mg. Magnesium (as MgO), 0.9 mg.; Molybdenum (as Na2MoO4, 2H2O), 0.15 mg.; Zinc (as ZnO), 0.5 mg. MDB Minimum daily requirement during pregnancy and lactation.

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY Poor River, N.Y. Pederle

\* TRADE-HARK

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## Letters

Hospital X-ray and lab work •

When doctors get married • Do closed panels really deny free choice? • A proposal for an A.M.A.-sponsored retirement plan

• Premature publicity on the latest medical discoveries

#### Fees Too High?

Sins: According to your article, "Medical Social Service Gets Biggest Test," a New York City grievance committee not long ago approved a doctor bill of \$105 for ten visits (including penicillin shots) in an influenza case.

I take issue with this. No ten visits from an M.D., plus all the penicillin he can stow away in the patient, are worth that amount. The tendency to overcharge, regardless of the patient's economic status, has become so widespread that we're going to wake up some morning and find ourselves working for Uncle Sam. . .

E. J. Fogelberg, M.D. St. Paul, Minn.

#### More on 'Medic'

Sms: In your recent article about "Medic," you quoted Max Konrad [one of the TV program's "doctor"-characters] as having said a patient's eyes were "macerated." This was indeed a correct quotation. But the word was incorrectly used in the first place.

Since the girl was blinded in an auto accident, her head having presumably gone through the windshield, her eyes wouldn't have been truly macerated. According to Dorland's medical dictionary, maceration is "the softening of a solid by soaking." Stedman gives "emaciation" as a second meaning. Yet the word "macerated" is frequently used, as it was in Medic, to mean "mangled" or "lacerated"...

From your description of the program, all scripts must be passed by an exacting board of M.D.s. Just how exacting, I wonder. Physicians can perhaps be excused for syntactical and grammatical errors in their writings, but hardly for gross misuse of terms peculiar to the profession.

T. S. Lloyd Jr., M.D. Fredericksburg, Va.

Sins: ... In watching the first episode of Medic, every anesthesiologist in the land must have been amazed to see the "doctor" reach back further and further into the discarded past of therapy in his efforts to make the baby take its first breath.

Now you quote a real, live M.D. as having said that "any sophomore medical student knows [that sticking his thumb up the anus] will make a baby breathe faster than anything."

That man's remark is an insult to the caliber of teaching in our schools. Medical schools today are teaching that the apneic baby is suffering from oxygen lack, which has made its respiratory center unresponsive to normal intrinsic stimulation. The way to start the breathing is not to whip the baby with chemical or physical stimuli but to restore normal oxygenation to the brain. Mouth-to-mouth breathing, or gentle inflation with a bag and mask, will serve.

Incidentally, it's too bad the camera "panned" down on the baby used in that story. It was obviously breathing all the time!

> W. Allen Conroy, M.D. San Rafael, Calif.

#### **Hospital Matters**

Sirs: Our hospital has just passed a ruling, on a year's trial basis, that all entering patients are to have a routine chest X-ray. Of course, the doctor has the privilege of canceling it, but this is seldom done . . .

The cost of hospitalization is mounting these days, and I don't feel that still more items should be added to all the routine procedures

already charged up to the patient I must say, though, that most of the doctors in my community disagree with me . . . I'd appreciate your readers' opinions on the subject.

F. Dixon Whitworth, M.D. Front Royal, Va.

Sirs: It may be true, as one of your correspondents recently complained, that in some hospitals no laboratory examinations can be done between 4 P.M. Friday and 8 A.M. Monday. But I'm quite certain that most hospital laboratories are covered during those hours.

For instance, in the hospital I'm connected with, the technicians' hours are staggered, to give full coverage Monday through Saturday from 8 A.M. until 6 P.M. After 6 P.M. (and all day Sundays and holidays) two so-called "night technicians" are on call . . .

M.D., New York

#### Marriage for M.D.s

SIRS: A recent correspondent made the shocking comment that young residents often have to "sponge" on their relatives because they've "made the stupid mistake of getting married and having a family."

Many of the young doctors I know marry during their student days and find a happy home life an excellent basis for study and achievement. Financial security is often achieved when the wife continues at the job she held before MORE marriage . . .



XUM

## Gratifying Response in Diaper Rash



A typical case of diaper rash before treatment, characterized by excariation and soreness.

After only one week of local applications with White's Vitamin A and D Ointment at each diaper change, the skin surface is normal. The soothing, protective and healing action of White's Vitamin A and D Ointment is the reason why it is used so extensively in this condition.



# White's Vitamin A and D Ointment

-supplied in 132-oz, tubes and 16-oz, jars for office use; 5-lb, jars for hospital use

# ...and Equally Valuable in Severe Conditions

6 days after radical mastectomy, the defect is filled with postage-stamp grafts, and application of White's Vilamin A and D Ointment begins.





After only 14 days of therapy with White's Vitamin A and D Ointment, solid healing of the postage-stamp grafts has taken place.

#### Other Indications:

sunburn burns ...

traumatic lacerations ...

bedsores abrasions

chafing. fissured nipples ..

indolent uicers

White's Vitamin A and D Cintment presents the natural A and D vitamins in a pleasantly fragrant landlin petrolatum base It does not stain the skin.

TE LABORATORIES, INC. KENILWORTH N.J.



#### bottled in bond

When overindulgence is the cause of gastric distress, consider BiSoDoL Mints for your patients. BiSoDoL Mints help restore a normal pH quickly, without acid rebound, without constipating effects so common to other antacids. BiSoDoL Mints are a well balanced combination of Magnesium Trisilicate, Calcium Carbonate and Magnesium Hydroxide, proved most effective for relief from hyperacidity. BiSoDoL Mints are pleasant to take too. Remember BiSoDoL Mints.

fast-acting BiSoDoL mints
(contain no baking soda)

WHITEHALL PHARMACAL COMPANY . NEW YORK, N. Y.

#### LETTERS

The one essential factor is obviously the postponement of children until the young doctor is well on his feet. It would seem superfluous in this day and age to remind any member of the profession that we have medically accepted means of contraception to achieve this desired end.

Charles M. McLane, Ma Planned Parenthood Federation of America New York, N.I.

Sins: The young M.D. who said he'd made a stupid mistake in getting married complained also that "in most hospitals, janitors are paid far better than internes and residents." Has he ever stopped to think that the janitor in his hospital will still be getting the same salary twenty-five years hence, while he as an M.D., may be drawing fifty to seventy-five thousand a year?...

T. S. Kimball, M.A. Glendale, Call.

Sins: You recently published a letter from a woman who bemoans the fact that she married a doctor. I have nothing but sympathy for her. But I'm afraid she shouldn't blame her marriage to an M.D. for her sal lot. I think she shouldn't have married—period.

I've been a doctor's wife for twenty-four years, and I certainly don't feel I've had a hard life. I work with my husband in the office and know all his patients by their fort names . . . When I had the misfor-



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Is there a difference between ACTH and cortisone (or hydrocortisone) at the adrenocortical level?



Yes, There Is A Difference!



ACTH therapy stimulates the adrenal cortex to produce larger amounts of the vital corticosteroids, the greatest gain being made in the compound Flike steroids (hydrocortisone). The increase in steroid output bears a relation to the amount of ACTH administered. According to a general rule of physiology, increased activity is followed by an increase in secretory tissue, and the adrenal cortex remains fully functional and responsive under ACTH therapy.



In contrast, cortisone therapy inactivates the pituitary-adrenal system. Secretion of adrenal corticoids ceases. Without secretory activity the adrenal cortex begins to shrink and may undergo complete atrophy, thereby becoming nonresponsive to stress.

THERE IS A DIFFERENCE HIWEEN ACTH AND CORTISONE



HP\*ACTHAR\*Gel is The Armour Laboratories Brand of Purified Adrenocorticotropic Hormone-Corticotropin (ACTH).



THE ARMOUR LABORATORIES A DIVISION OF ARMOUR AND COMPANY . KANKAKEE, ILLINIOS

tune to break my ankle last spring, I received over a hundred cards from patients. This is just one of the many things that compensate me for not being able to sit and hold hands with my husband twenty-four hours a day.

I'd advise your correspondent to get interested in her husband's work and stop feeling sorry for herself.

Ruth G. Rolf Covington, Ky.

#### In Defense of Panels

Sirs: I'm a member of the public relations staff of a medical organization (not an insurance plan, by the way); and, as such, I naturally try to keep up with everything in the

field of medical economics. The unlike most laymen, I'm well, quainted with the controversy free choice in medicine. And h getting sick and tired (a nonne cal phrase) of all the talk about lack of free choice in the close panel health plans.

Through my own free choice am now paying for and enjoying benefits of the Health Insuran Plan, in New York-and a dame good plan it is, too. My wife al had a choice of panels and do one convenient to our home ! have a family physician (available day or night, at office or home) a complete assortment of specialis If either G.P. or specialist should



## FOR HARD, DRY STOOLS OF Constipated Babies

Borcherdt

A gentle laxative modifier of milk, Just 1 or 2 tablespoonfuls in day's formula softens stook, usually overnight. Safe and easy to use.

#### GOOD FOR GRANDMA, 1991

For thin, under-par older patients, acts as I malt laxative. Softens stools without side effects by p moting aciduric flora. Grain extractives and police ions contribute to the gentle laxative effect. Des Tbs. A.M. and bedtime for several days until stook soft, then 1 or 2 Tbs. at bedtime to maintain re

Samples and literature on req

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## physiologic answer to epidemic vomiting

## EMETROL

Phosphorated Carbohydrate Solution

A unique formula for oral administration...containing no drugs likely to induce untoward effects...and stabilized at an optimally adjusted pH, EMETROL has proved dramatically effective in epidemic and other types of functional vomiting.<sup>1-3</sup> In an 18-month study, Bradley and associates obtained excellent responses in 172 children, often with a single dose of 1 to 3 teaspoonfuls. EMETROL is easy and pleasant to take, safe for all age groups.

IMPORTANT: EMETROL must always be taken undiluted. No fluids should be allowed for at least 15 minutes after each dose.

DOSAGE: For infants and children, 1 or 2 teaspoonfuls every 15 minutes until vomiting stops. For adults, 1 or 2 tablespoonfuls.

SUPPLIED: In bottles of 3 fl.oz. and 16 fl.oz., through all pharmacies.

In nausea of pregnancy, EMETROL has produced favorable response in 3 out of every 4 cases, usually within 24-48 hours.<sup>2</sup> Recommended as "free of annoying side effects ... a safe and physiologic agent ..."

Bradley, J. E., et al.: J. Pediat. 38:41, 1931.
 Crunden, A. B., Ir., and Davis, W. A.: Am. J. Obst. & Gynec. 63:311, 1953.
 Tebrock, H. E., and Fisher, M. M.: M. Times 82:271, 1934.

Literature and sample on request

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MEDICAL ECONOMICS · MARCH 1955

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OF PULMONARY COMPLICATIONS



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Stable Mucolytic Mit

Bottles of 60 cc. for intermittent and 500 cc. for continuous nebulization.

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not suit us, we can switch to another.

The critics of panel medicine are quite purposely, I'm sure—perverting the basic concept of this modern approach to medical care. For example, in a recent issue of MEDICAL ECONOMICS, a New York doctor implies that panel physicians are incompetent men who have failed in private practice; or that they're irresponsible; or that they're looking for patients to serve as guinea pigs; or that they're what he calls "out-and-out radicals."

If I may say so, it is this sort of childish behavior, this persistent peddling of misinformation, which convinces many of us panel patients that we have cast our lot with the only segment of the profession worthy of our respect.

Name Withheld on Request

#### Retirement Proposal

Sus: ... I'd like to suggest a practical plan for the many physicians who aren't able to save enough money to retire. It's a plan that would permit all of us to share the sight burden of helping our less fortunate colleagues enjoy a comfortable—and proud—old age:

Let the A.M.A. buy a plot of land in a warm state such as Florida; and let the Association put up about a thousand prefabricated homes, each to accommodate a retired doctor and his wife. On the grounds of this project there could also be built a small golf course, an infirmary, and

a central building with a library, a lecture room, and a movie theatre.

I figure this would cost about \$5 million. But if every doctor in active practice contributed \$10 a year to the plan, that would give us an annual income of over \$1 million.

Another possible source of income: Doctors who for ethical reasons have refused compensation for their medical discoveries could with perfect propriety request that royalties be paid to the A.M.A.'s retirement fund...

The original cost of the project could be paid off in a very few years; thereafter, there'd be only the comparatively small expense of maintenance. Retired or disabled doctors and their wives, as well as doctors' widows, would be entitled to live in the project free of charge, paying only for their food and clothing. . .

As I see it, the plan has many advantages: The retired doctor could continue to live in a medical environment, without the financial hardship of trying to live up to a high-priced social standard. He could fish, play golf, and participate in other sports, depending on his physical condition. And he wouldn't be accepting charity, since he would have made his contribution to the private, independent organization during his active life.

I have discussed this plan with many members of our local medical society, and all of them have urged me to try to interest doctors else-

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# Relax the nervous, tense, emotionally unstable:

## Reservoid\* (Pure crystalline alkaloid)

#### Each tablet contains:

Reserpine . . . . . . 0.1 mg. or 0.25 mg. or 1.0 mg.

#### Supplied:

Scored tablets 0.1 and 0.25 mg, in bottles of 100 and 500 1.0 mg, in bottles of 100

The Upjohn Company, Kalamazoo, Michigan



where and everywhere . . . What do your readers think? They must agree that the cause is worthy. Don't they agree, too, that this suggestion of mine is feasible?

John Peters, M.D. Oak Park, Ill.

#### ls M.D.s Doctuhs, Suh?

SUBS: Ah take it right unkindly to have one o' them Florida crackers with initials Ph.D. (does that mean "piled high 'n' deep"?) informin' us that doctuh means teachuh. A feller cain't feel tol'able toward another feller who don't even know what a doctuh's for!

Ah can jest see that Ph.D. feller pullin' on them clodhoppin' boots of his and ploddin' into town, to borrow the post office pen and tell us what doctuhs is. In the part o' the South Ah come from, we'd make that feller go to a naturopath when he needs a doctuh, suh!

R. V. Daut, Capt., M.C. U.S. Air Force Base Chicopee Falls, Mass.

#### 'No Vituperation'

Sins: I resent the recent statement by A.M.A. President-elect Elmer Hess that overcharging has hurt American doctors and that "90 per cent of the things that are wrong with us are our own fault." Dr. Hess is reported by the Associated Press to have added, "As long as I am in authority... in the A.M.A., I'll never do a thing to protect [the doctor's] pocketbook; but I will do everything I can to protect the public."

I am a paid-up member of the A.M.A. But like many other physicians, I wonder just what I am paying dues for. So as to get invective and vituperation from the Association's leaders? It seems to me it's the duty of our national organization to defend the doctor against popular articles depicting him as a highwayman, not to agree with them. . .

M.D., New Jersey

SIRS: One curious anomaly of our time is that with each new life-saving discovery, the reputation of the profession largely responsible for it is increasingly assailed. . .

With outrageous headlines like "Should Some Doctors Go to Jail?," "Are You the Victim of Unnecessary Surgery?," and "How Your Doctor Gets Rich," prominent and staid lay publications are abetting this campaign to take doctors off their pedestals. Such blatant titles cause the person who doesn't read the article—as well as the person who reads but doesn't weigh the facts—to infer that everything in the article is derogatory to medicine, even when this is not the case.

H. L. Casebeer, M.D. Butte, Mont.

#### **Doctors in the News**

Sirs: Steven M. Spencer of the Saturday Evening Post has flushed a covey of cross-purposes in his article, "How Doctors Can Get a Better Press." He lowers his sights on publicity-shy doctors who don't cooperate with science writers, but I think his aiming eye is beclouded by printer's ink . . .

The basic difficulty, in my opinion, is the average feature writer's preoccupation with newness in medicine . . . It cannot be denied that too early publicity has forced inordinate use of ill-starred drugs which should have been employed sparingly and timidly before their eventual oblivion.

Mr. Spencer says, of the popular magazines: "We do make a serious effort to see that our reports are accurate." The intention is commendable, but to whom can the editor turn for authoritative opinion? There's apt to be no mortal alive

who can foresee the fate of a new born idea. And not all editors are as conscientious as Mr. Spencer is collecting both negative and postive evidence...

It's true that popular reports a new goings-on in medicine some times include a mild warning the further evaluation is necessary before final acceptance. However, these reminders are apt to be most terpieces of understatement...

Mr. Spencer speaks of his role educating laymen to the price where they can educate their own doctors . . . This aspect of medical journalism is one which document condemn on principle, to it's up to us to be on our toes. How



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The consistent quality of Stride Rite shoes is the product of skilled men. ... men with long years spent in the knowledge of their craft, and with an intense pride in that craft.

Confidence is earned . . . and kept . . . only when leadership is made a full-time job. And millions of mothers all over America have placed their trust in Stride Rite's unchanging standards of excellence . . . is materials, workmanship, fit and wear.

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'Dexedrine' Spansule sustained release capsules exert a double action in depression complicated by obesity:

- 'Dexedrine' Spansule capsules provide smooth, uninterrupted antidepressant effect that lasts throughout the waking, working hours—with just one oral dose in the morning.
- Dexedrine' Spansule capsules provide day-long control of appetitebetween meals as well as at mealtime—with just one oral dose in the morning. (Thereby helping to eliminate between-meal snacking)

## Dexedrine\* Sulfate

Spansule\* made only by

Smith, Kline & French Laboratories, Philadelphia the originators of sustained release oral medication
\*T.M. Reg. U.S. Pat. Off.
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may before Mr. and that med head biting ple med ever, the patient should not be encouraged to run to his doctor with news of the will-o'-the-wisps of medical research.

Now what about personal publicity for the doctor who believes he's come up with an important discovery? The "brilliant scientist" can find himself in a nationally read magazine or chain of newspapers before his test tubes have cooled. Mr. Spencer is all for using names and photographs, and I suppose that any objections from organized medicine would come under the heading of petty jealousy and backbiting . . . But there is a happy, simple solution: If the lay reports of medical advances were confined to

the time-tested products of research, subsequently confirmed by other investigators, there could be no valid objection to a historical article which included an abundance of biographical data.

I think Mr. Spencer deserves thanks for bringing up important questions that need elucidation . . . But he fails to appreciate, I believe, certain genuine qualms of physicians toward the lay-press handling of medical matters.

What about the lay reader himself? It just might be that he'd prefer to have his medical fare treeripened.

Justin R. Dorgeloh, M.D. Oakland, Calif. END

Pyridoxine-Thiamine Lederla

#### For preventing and treating nausea and vomiting of pregnancy

Pyridoxine (Bs) and Thiamine (B1) have proved more effective in combination than either alone in the prevention and treatment of hyperemesis gravidarum. GRAVIDOX, in both tablet and parenteral form, combines these vitamins, providing you with a nutritional approach to the problem. GRAVIDOX may also be useful for the prevention and relief of the nausea and vomiting associated with radiation sickness.

Each GRAVIDOX tablet contains: Thiamine HCl-20 mg., Pyridoxine HCl-20 mg. Each cc. of GRAVIDOX parenteral solution contains: Thiamine HCl-50 mg., Pyridoxine HCl-50 mg.

Average dose: 5 to 12 tablets daily, in divided doses, at times when vomiting is less likely to occur; or 1 cc. parenteral solution 2 or 3 times weekly.

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TWO A DAY FOR ALL TREATABLE ANEMIAN



#### OTENT FORMULA

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Equal to over 1 Gm. Ferrous Sulfate, U.S.P.

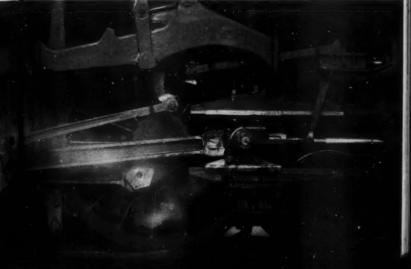
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When . . . abdominal bloating, heavy, tender bree puffiness of hands, face, legs, headaches, backar mental depression, and explosive irritability, app regularly before menstruation . . . consider prestrual tension. These symptoms are due to an exce fluid accumulation. Because they are not of esset origin, they do not respond to the usual sedatives anti-spasmodics.

M-Minus 5 effectively reduces premenstrual excess flaccumulation, and controls symptoms ... in 82% cases. By reducing the primary stimulus to uten spasm, M-Minus 5 controls dysmenorrhea. M-Minus is not a hormone, sedative or narcotic, and does a interfere with the normal menstrual cycle.

1. Vainder, M.: Indus. Med. & Surg., 22:183, 1953



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COLOR-BANDED for fast, accurate sorting of sizes. Bands reinforce gauntlet, help to keep glove over sleeve of gown. Also made with rolled wrists. Both styles in white and brown latex.



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Each Panaline capsule supplies: ..... 0.25 mg. 12-----2 mcg. ...... 5000 units ettles of 100 and 500.

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The potent autonomic ganglionic blocking stion of Methium has now been augmented by the mild hypotensive and sedaive properties of reserpine. A true spergistic combination, Methium with Reserpine produces "better hemodynamic stability than when either one is used alone." In one series, more patients obtained adequate blood pressure reduction than from any single drug or combination of drugs previously reported.

Of special significance, a satisfactory response has been achieved with less than half the usual Methium dosage.<sup>2</sup> As a result, "the occurrence and intensity of physiologic side effects were markedly reduced and were minimal and of benign nature."<sup>2</sup>

Because of the potency of Methium, careful use is, nevertheless, required. Precautions are indicated in the presence of renal, cardiac or cerebral arterial insufficiency. Markedly impaired renal function is usually a contraindication.

Supplied: Methium 125 with Reserpine — scored tablets containing 125 mg. of Methium and 0.125 mg. of reserpine. Methium 250 with Reserpine — scored tablets containing 250 mg. of Methium and 0.125 mg. of reserpine.

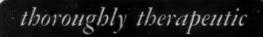
- 1. Ford, R. V., and Moyer, J. H.: Am. Heart J. 46:754 (Nov.) 1953.
- 2. Crawley, C. J., et al.: New York State J. Med. 54:2205 (Aug. 1) 1954.

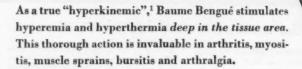
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1. Lange, K., and Weiner, D.: J. Invest. Dermat. 12:263 (May) 1949. Baume Bengué

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Three sizes
of high-speed
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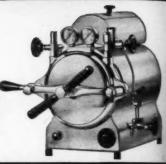
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## NEW- IN THE TOPICAL TREATMENT OF ALLERGIC SKIN CONDITIONS

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# 'ALFLORONE'

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#### MOST EFFECTIVE

Therapeutically active in 1/10th the concentration of hydrocortisone (Compound F).

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Superior spreading qualities—a small quantity covers a wide area.

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Most patients prefer the cosmetic advantages of this easy-to-apply, smooth spreading lotion.

Supplied in a cosmetically elegant base in two concentrations: 0.25% and 0.1% in 15 cc. plastic squeeze bottles.

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WEIGHT FOR WEIGHT, THE MOST EFFECTIVE
ANTI-INFLAMMATORY AGENT YET DEVELOPED FOR TOPICAL USE
MEDICAL ECONOMICS - MARCH 1955 73

Prepared in The Interests Of The Profession By The Padiatrics Consultant Staff Of H. J. Heinz Company

BULLETIN

#### REDUCTION OF

### **PARAPHIMOSIS**

ONE of the unpleasant minor emergencies in the care of small children is the development of paraphimosis after retraction of the foreskin. The mother, of course, is instructed to do this to prevent phimosis and often carries it out conscientiously, but occasionally with such persistence that this painful accident occurs. The usual technique of forceful reduction of paraphimosis, after the application of ice to the prepuce and a lubricating ointment to the glans, is time-consuming, painful to the child and distressing to the

family. Occasionally meatotomy is required.

 A recent short report\* would is. dicate that the use of hyaluronidae may make this reduction a simple and untraumatic procedure. In fur cases reported, apparently all a adults, injection of 150 turbidity units of hyaluronidase in 1 cc. of isotonic sodium chloride solution caused the edematous ring of paraphimosis to disappear within 10 minutes, so that the prepuce could be reduced "with ease and without pain." This seems a quite logical result from the known actions of his luronidase and it is a simple po cedure which should be comm to physicians for further evaluation on children.

NOTE: These bulletins are designed to his disseminate modern pediatries knowled to the general medical profession a appear periodically in Medical Economic



HEINZ

OVER 60 VARIETIES-Including New Heinz Strained and Junior Med

Ratliff, R.D., Hyalurenidase in the Treatment of Puruphimosis: Juur. of the Am. Med. Assu., June 19, 1954, Vol. 185, p. 746.



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ing Baby Foods And Heing Baby Food yertising Are Reviewed And Accepted The Council On Foods And Nutrition.

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urticaria...
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symptoms
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When you diagnose cow's milk allergy,

milk, Meyenberg
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Milk is likely to give
prompt control of
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And...it provides a
soft, readily-digestible curd, with none
of the crude fibers
which cause the diarrheas often associated
with milk substitutes.

In addition, Meyenberg Evaporated Goat Milk is nutritionally equivalent to evaporated cow's milk in fat, protein, and carbohydrates; and is pleasantly similar in taste.



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Expectorant with Ephedrine for





Decongestant action of Pyribenzamine (30 mg. per 4 ml.)

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Liquefying action of ammonium chloride
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C I B A SUMMIT, N. J.

2/2000

#### IT'S AS EASY AS IT LOOKS ...

panel below. Only two major controls are needed for routine testing - a power switch and a leads selector knob.

Write, or contact your local Sanborn Office for descriptive literature and details of the Viso-Cardiette 15-day no-obligation trial plan

SANBORN COMPANY 195 Massachusetts Avenue Cambridge 39. Massachusetts Because of the Viso's STA-BILITY, all adjustments for sensitivity, baseline positioning, and stylus temperature remain faithfully set, and their controls are so rarely needed that Viso designers placed them out of the way, yet readily accessible, under cover in the center of the operating panel above.

NOTE the bare simplicity of the Viso-Cardiette operating

No special skill, knowledge, or talent is required to become an expert in the use of a Viso. The Viso works with the operator and practically does the whole job itself of turning out accurate, permanent cardiograms.

Viso-Cardiette operators everywhere praise the speedy, precise performance of this instrument, and particularly enjoy the extreme simplicity of its operation.

10



# One milk they tolerate from the very first feeding

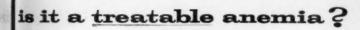
Pet Evaporated Milk is always soft curd milk . . . a milk that is so easy for babies to digest that it resembles human milk in this important quality . . . a milk that babies tolerate and thrive on from the start. Pet Milk is one milk you can always depend on for ready digestibility, complete safety, and all the body-building nourishment of milk . . And it costs so little—less than any other form of milk, far less than special infant feeding preparations.

Favored Form of Milk For Infant Formula

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ONE CAPSULE DAILY

Each ROETINIC capsule (one daily dose) contains:

lettles of 30 and 100 Prescription only Only one-a-day hematinic which conforms to exact U.S.P. requirements for Intrinsic Factor-B<sub>12</sub>, as defined by the Anti-Anemia Preparations Advisory Board.

Only one-a-day hematinic which contains therapeutic amounts of all known hemapoietic factors, including the "four extra essentials."

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CHICAGO 11, ILLINOIS

, MO.

# new IDOCO

9



for iron-deficiency, nutritional and pernicious anemias

\*T.M. for Abbott's film-secied toble's por capital

## POT IRON-PLUS FORMULA

2 small Filmtabs a day supply:

Elemental Iron		the right amount
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D	1 TICD O 1 TI I.	4 . 1

BEVIDORAL® ...... 1 U.S.P. Oral Unit artic peruicious (Vitamin Bu with Intrinsic Factor Concentrate, Abbott)

Folic Acid ... 2 mg.
Ascorbic Acid ... 150 mg.
Liver Fraction 2, N.F. 200 mg.
Thiamine Mononitrate ... 6 mg.
Riboflavin ... 6 mg.
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Pantothenic Acid ... 6 mg.

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#### SMALLER THAN A DIME

Because of the new Filmtab coating, marketed only by Abbott, new IBEROL is the *smallest* tablet containing the basic antianemia agents plus essential vitamins.

## Derol ECON

#### ECONOMY FOR PATIENTS

Dosage supply of new 2-a-day IBEROL now lasts 50% longer than previous 3-a-day treatment... and the saving has been passed on to the patient.

# In this... "the Commonest Disease of Civilized Man"



- In hypertension, management can now be started in the earliest stages... to retard progression, with the goal of prolonging useful life.
- Fully one half of all cases of mild, labile hypertension can be controlled with simple Rauwiloid therapy.
- Rauwiloid accomplishes what mere sedation cannot ... the patient is spared the reaction to tension situations without somnolence, without clouded sensorium, without change in alertness.
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- In the face of tension-producing stimuli, Rauwiloid, through its sedative and bradycrotic properties, provides tranquil equanimity.
- Its dosage schedule is uncomplicated, definite, easy to follow: Merely 2 tablets at bedtime. For maintenance, 1 tablet usually suffices. No contraindications.

## Rauwiloid First Thought IN HYPERTENSION



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## **Editorials**

Why G.P.s are moving up

medicine's income ladder • How to substantiate tax deductions
for post-graduate courses • No more malpractice? • Handwriting hazards • The big need in public relations

#### General Practice Pays

For some years now, our quadrennial economic surveys have been documenting the family doctor's financial ascent. In 1943, the average independent C.P. netted little more than half as much as the average specialist. In 1947, he netted twothirds as much. In 1951, he netted four-fifths as much.

What about this year? When doctors' earnings for 1955 are finally totted up, will the C.P. have narrowed the gap still more? Or will he actually have outstripped the specialist?

Startling as this last idea sounds, it's not so far-fetched at that. According to our most recent survey, the typical G.P. already earns more than the typical internist. He's about on a par with the pediatrician, and just a bit below the dermatologist and the psychiatrist. This year's figures may show that the G.P. has surged past these specialists.

Why are family doctors moving p medicine's income ladder? They

work longer hours, of course; they see more patients. And with the new drugs at their disposal, they can successfully treat diseases that not so many years ago baffled even the most skilled specialist.

But there's a newer reason for the G.P.'s economic gains. He's beginning to serve as general manager again—the active coordinator of all the specialist care his patients get. And this may well turn out to be his most rewarding role. As James E. Bryan wrote in our pages last month:

"At the risk of alienating many good friends among the specialists, I may point out that in industry it is the general manager who commands the top remuneration, outranking all the limited specialists . . ."

Of course we can only guess how the average G.P. will make out this year. But we can say with some assurance that the G.P. who acts as general manager of his cases will beat the average almost every time. For this is what people want and will pay for: someone to guide them through the bewildering maze of

#### EDITORIALS

modern medicine, and to represent their interests all along the line.

If G.P.s collectively can assume this role, they're bound to prosper as never before.

#### P.G. Deductions

As April 15—that Armageddon on your tax calendar—draws closer, you may be wondering whether you can deduct the cost of post-graduate courses. If so, you've got plenty of company. Letters from readers raise this question more often than almost any other.

Any professional man is apparently allowed to deduct what he paid to "keep sharp the tools he actually

Wampole

used." The metaphor stems from the U.S. Court of Appeals, which in April, 1953, ruled in favor of P.G. deductions taken by George Coughlin, a Binghamton (N.Y.) lawyer.

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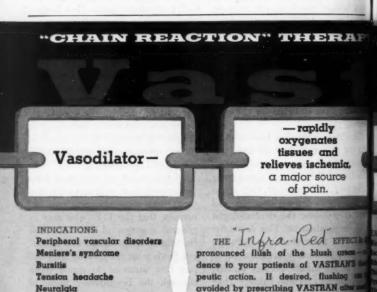
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But

On the strength of the Coughlin case, you've been advised to deduct the cost of post-graduate courses that help you directly in your present practice. Where deductible, such costs include not only tuition or other fees paid, but also transportation, meals, and lodging (if away from home).

At the same time, you've been advised not to deduct the cost of training outside your present field. What you spend to attain new status (as opposed to maintaining current status)



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But all such advice is based on inference. The Internal Revenue Service has never spelled out the exact application of the Coughlin case. Since its interpretation might actually prove more liberal than assumed, we recently asked Lester W. Utter, chief of the individual income tax branch, what the prospects were. Here's what he told us:

"A proposed Revenue ruling on this subject is under active consideration... Every effort is being made to reach a conclusion thereon at an early date... It is probable that the results of the study in question will [soon] be published in the [weekly] Internal Revenue Bulletin."

Worth watching out for, isn't it? But until a firm ruling emerges, better be ready with printed course announcements and verbal explanations about whatever P.G. deductions you claim. That's in addition to the standard safeguard: receipted bills or canceled checks.

#### Boon for the Bypassed

"Earn the everlasting gratitude of your spinster patients by telling them about this new product . . ."

Some such advice will be coming your way soon, we expect, from the manufacturers of a product an-

## PERIPHERAL VASCULAR DISORDERS

TABLETS

delivers coenzymes
to metabolize
accumulations of
toxic substrates
resulting from
inadequate oxidation.

— thus provides the safe, metabolic approach to control of pain caused by inadequate peripheral circulation and impaired tissue metabolism.

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ble and distrature on request

dosage:

One tablet three times daily, preferably on an empty stomach.

supplied

Bottles of 100 and 500 scored tablets.

#### ARTAMIDE .

ANTI-ARTHRITIC

Higher Blood Levels With Lower Desages
Better tolerated monthin, month-out, with salicylamide, poba, ascorbic acid, organic lodine. Sodium free, potassium free.

\* TRADEMARK

440 Fairmount Ave., Philadelphia 23, Pa.

nounced recently under the brand name, "Anti-Freeze Panties." Made of cotton and dynel, they're described in the garment-trade press as being extra warm, easily washed, fast drying, nonshrinking, nonallergenic, and . . . mothproof!

#### No More Malpractice?

Life insurance is really death insurance-but the underwriters are too smart to call it that. Health insurance is really sickness insurance-but we've probably created a more favorable climate of opinion by using the euphemism.

What about malpractice insurance? Can't we do something to get this harsh term out of our lexicon?

Every time it's used, the term spreads the idea of medical wrong. doing. Which may have something to do with the fact that, although such wrongdoing probably hasn't increased since 1900, the suits alleging it have increased-by a whopping 500 per cent.

Though it's late for New Year's resolutions, we're making one now: to use the term "professional liability insurance" in all our dealings with laymen from here on out.

The word "professional" sounds reassuring to outsiders; "liability" lacks the ugly, menacing tone of "malpractice." The result is a bland diet of words. Just the right diet



LA

#### MORE THAN 10 LOAVES OF BREAD

... would be required to equal the 100 mg. nicotinamide content of a single capsule of "BEMINAL" FORTE with VITAMIN C, which also supplies therapeutic amounts of other essential B factors and ascorbic acid as follows:

Thiamine mononitrate (B<sub>1</sub>) ...... 25.0 mg.

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Year's now:

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equivalent to more than 400 eggs

Riboslavin (B2) ...... 12.5 mg.

equivalent to at least 8 slices of liver

equivalent to more than 10 loaves of bread

Pyridoxine HCl (B<sub>0</sub>) ...... 1.0 mg.

equivalent to about 14 servings of spinach

Calc. pantothenate ...... 10.0 mg.

equivalent to almost 4 quarts of milk

Viramin C (ascorbic acid) ............100.0 mg.

equivalent to more than 15 apples











## BEMINAL" FORTE with VITAMIN C



Recommended whenever high B and C levels are required and particularly pre- and postoperatively. Suggested dosage: 1 to 3 capsules daily, or more as required.

No. 817 - supplied in bottles of 100 and 1,000

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#### EDITORIALS

we'd say, for that claims-conscious segment of the Great American Public.

#### Reader's Cramp

Think your handwriting's pretty clear, do you? Perhaps you'll want to get another opinion after hearing what happened to a Georgia physician. While he was away from the office, a letter arrived from an insurance company in North Carolina. Here it is, with only the proper names changed:

"We received today a death certificate on Jabe Smith, policy number 537606, Main Street, Middletown, Georgia. We have studied over the cause of death, and maybe we just aren't up to par on our medical terms here in North Carolina, but we couldn't reason this one out. You stated as the cause of death: Jintentale CI fe Vacilent. Would you please advise us immediately just what this means?" in the

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The doctor's partner replied:

"Dr. Blank is out of town for a week or so, and I will give him your letter when he returns. Dr. Blank is a spendid doctor and a fine man; but his writing is frequently in an unknown tongue. I can translate Greek and Latin and several modern languages. But, like you, I am stumped by Dr. Blank's writing.

"If it would be of any help to you

Sedation without hypnosis

IN HYPERTERSION

a safer tranquilizer and antihypertensive

in the meantime, I happen to know that the patient concerned dropped dead from a cardiovascular accident, which in his case was most likely a coronary occlusion."

Droll, isn't it? And still rather a relief to know that the patient didn't die after attempting to follow the doctor's handwritten instructions!

#### **BIG Need**

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One of the functions of editorials is to point out things that need doing. Yet, often, the things that need doing most are the ones that can be expressed in the fewest words. Which, on paper, makes them look not so important after all.

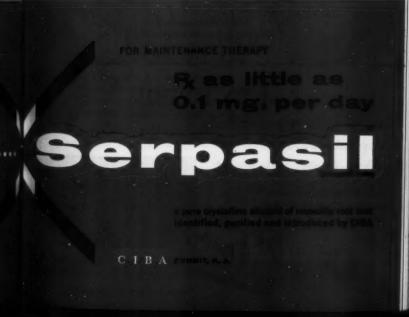
Denied the use of neon lights, an editor can get around this impasse in several ways. One way is to set off his idea with plenty of white space.

We feel justified in doing just that with the following remark, made recently by former A.M.A. President Louis H. Bauer:

"We must educate the public to insure against the expensive items of medical care and to budget for the inexpensive items."

This is truly a BIG need. What are you and your colleagues doing about it?

-H. SHERIDAN BAKETEL, M.D.



# For your OVERWEIGHT Patients



### Recommend RY-KRISP

as bread in reducing diets

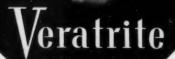
Low-Calorie . . .

Whole-Grain . . . Delicious!

Only 20 calories per doublesquare wafer. Made of wholegrain rye, salt and water.



RALSTON PURINA COMPANY, St. Louis & B.



## SPECIFICALLY FOR THE HYPERTENSION THAT "COMES WITH AGE"

- improves circulation
- · induces a sense of well-being
- helps protect against cerebral accidents

Veratrite is the drug of seasoned judgment in managing the hypertension that "comes with age." It is specific for the older hypertensive for whom potent hypotensive agents are contraindicated.

Veratrite improves circulation to vital organs, relieves headaches and dizziness, and induces a distinct sense of well-being without excessive euphoria.

Each Veratrite tabule contains:

(warning-may be habit forming)

\* Ester alkaloids of Veratrum viride obtained by an exclusive Irwin-Neisler nonaqueous extraction process

† Carotid Sinus Reflex

Bottles of 100, 500 and 1000.

TRWIN, NEISLER & COMPANY . DECATUR, ILLINOIS . TORONTO J. ONTARIO

## VAGINAL TRICHOMONIASIS



OW is vaginal trichomoniasis transmitted? Trussell points out that "the parasitism is uncommon among children and virgins. Further, the parasite is reported to be most commonly found between the ages of 16 to 35 years, the period of greatest sexual activity."

Travelogue of the trichomonads. Other routes than the sexual are comparatively rare. Novak says, "Contamination from bath water, or from towels, hands, and instruments must all be considered, though in the individual case the explanation is rarely clear." 2

Transmitted during coitus. "There is increasing evidence that the organisms are not infrequently transmitted through coitus," says Novak.<sup>2</sup>

Four to nine month regimen for husband. "The real focus has been the male generative organ," says Karnaky." "In resistant and recurring cases of T. vaginalis infestation the husband should wear a condom at coitus for four to nine months, during which time these trichomonads will usually die out on their own accord." Similar protective measures are recommended by Bernstine and Rakoff and by Trussell.

Take specific measures to win the cooperation of the husband in your treatment of vaginal trichomoniasis. In prescribing a "UNCOMMON AMONG CHILDREN AND VIRGINS"

condom be selective and take advantage of Schmid product improvements.

Where there is anxiety that the condom might dull sensation, the answer is in prescribe XXXX (FOUREX)® membrate skins, made from the cecum of the lamb. These are pre-moistened, tissue-thin and tissue-smooth, and do not retard sensor effect. If cost is a consideration, prescribe RAMSES,® a transparent condom of natural gum rubber, very thin and stong SHEIK,® also natural gum rubber, is even more reasonable in price.

Your prescription of Schmid brands and only circumvents embarrassment, but assures fine quality. The protection they offer is the very foundation of the reinfection control. Prescribe this protection for as long as four to nine months after the wife ceases to show evidence of infectation.

References: 1, Trussell, R. E.: Trichemens Vaginalis and Trichomoniasis, Springfell, II., Charles C. Thomas, 1947. 2. Novak Emil: Textbook of Gynecology, ed. 3, Babmore, The Williams and Wilkins Compan, 1948. 3. Karnaky, K. J.: J.A.M.A. 155:15 (June 26) 1954. 4. Bernstine, J. B., aid Rakoff, A. E.: Vaginal Infections, Infesttions, and Discharges, New York, The Baliston Company, 1958.

JULIUS SCHMID, INC. Prophylactics Division 423 West 55th Street, New York 19, N. Y.

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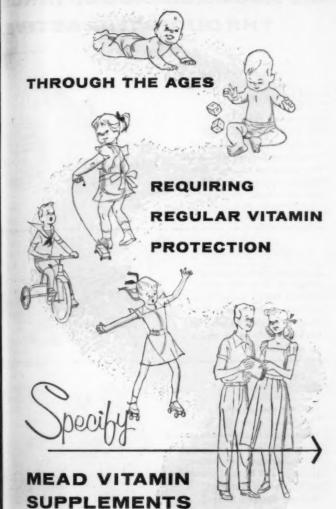
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## FOR ASSURED ACCEPTANCE O

for infants

Good-tasting Poly-Vi-Sol® and Tri-Vi-Sol® are readily accepted without coaxing and leave no unpleasant after-taste. Administration of baby's first vitamin supplement is made easy and convenient.



for small children

At the age when the taste of things can be so important, children eagerly accept Mulcin's delicious natural orange flavor. Mulcin® supplies all vitamins for which daily requirements are established.



for older children

For your patients who have "graduated" from the teaspoon, Panalins are small, easy-to-swallow vitamin capsules. Panalins supply the maintenance formulation recommended by the Committee on Therapeutic Nutrition, National Research Council.



## VE GROWING YEARS...



#### POLY-VI-SOL Six essential vitamins

#### Each 0.6 cc. supplies:

Vitamin A	5000 units
Vitamin D	1000 units
Ascorbic acid	50 mg.
Thiamine	1 mg.
Riboflavin	0.8 mg.
Niscinamide	

#### TRI-VI-SOL Vitamins A, D and C

#### Each 0.6 cc. supplies:

	-appriso.
Vitamin A	5000 units
Vitamin D	1000 units
Ascorbic acid	50 mg.
In 15 cc., 30 cc., and bottles with the new	Mead unbreakable,
potties with the new	



#### MULCIN

#### Navored multivitamin liquid

orange-flavored multiv	ritamin liquid
Each teaspoonful (5cc.) of I	Mulcin supplies:
Vitamin A	3000 units
Vitamin D	1000 units
Ascorbic acid	50 mg.
Thiamine	1 mg.
Riboflavin	1.2 mg.
Niacinamide	8 mg.
In 4 oz., 8 oz. and economic	al 16 oz. bottles.



#### N.R.C. Standard Maintenance Vitamin Capsule

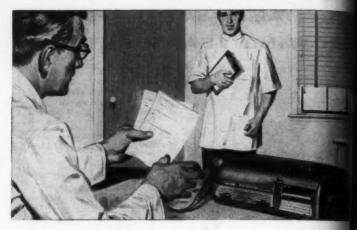
#### Each Panalins capsule supplies:

Thiamine	2	mg
Riboflavin	2	mg
Niacinamide	20	mg
Ascorbic acid	50	mg
Calcium pantothenate	5	mg
Pyridoxine	0.5	mg.
Folic acid	0.25	mg.
Vitamin B <sub>12</sub>	21	ncg.
Vitamin A	5000 u	nits
Vitamin D	400 u	nit

Bottles of 100 and 500.

MEAD JOHNSON & COMPANY . EVANSVILLE, INDIANA, U.S.A. MEAD





# "Just a moment while I write up some case histories"

- "Ever see how one of these Dictaphone TIME-MASTERS works?
- "All I have to do to dictate is pick up the mike, and every word I say is recorded clear as a bell on this little red plastic *Dictabelt* record. The girl can transcribe whenever it fits her schedule, then simply file the belt.
- "This system has saved me more time —and more money—than any im-

provement in procedures that's con along lately."

That's the kind of thing docume everywhere are saying about this do tating machine: the Dictaphone THE MASTER "5." Let us send you detailed how this most successful of all document machines can save time and more in your practice. Just send in the copon. No obligation implied.

#### DICTAPHONE® CORPORATION - DICTATION HEADQUARTERS, U. S. A.

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## OSTEOPOROSIS CAUSES BONE TO BECOME FRAGILE, LESS ELASTIC, AND MORE SUSCEPTIBLE TO FRACTURES.

In the aging patient, healing of fractures is often delayed because impairment of osteoblastic activity due to declining sex hormone function causes the bone matrix to atrophy.

Osteoporosis occurs in both sexes but is more prevalent in the female.<sup>2</sup> This is explained by Reifenstein on the basis that "gonadal function in old persons is more markedly reduced in females than in males."<sup>3</sup>



Femur, fracture, oblique, upper third

- Incomplete union of fracture in patient with postmenopausal osteoporosis.
- Normal union exhibiting a proper ratio between osteoblastic and osteoclastic activity.



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#### DIFFICULT TO DETECT

It is virtually impossible to detect with accuracy any change in bone density until at least 30 per cent of the calcium previously present is lost. Therefore, clinical manifestations of osteoporosis usually appear long before x-ray evidence of the disease can be obtained.<sup>3</sup>

#### Signs and Symptoms

- "Low back pain" or dull, tired, aching feeling along the spine
- Nervousness, weakness, easy fatigability
- · "Rounding" of the shoulders
- Increased susceptibility to fracture, particularly of the hip, in elderly women

Osteoporosis is almost "physiologic" after the menopause, and if all women in this age group "are carefully studied, about 10 per cent of them will be found to have clinical osteoporosis."

WHY "PREMARIN" WITH METHYLTESTOSTERONE THERAPY IS RECOMMENDED

"Premarin" with Methyltestosterone therapy utilizes the complementary effects of combined estrogen and androgen on bone and protein metabolism. Estrogen stimulates osteoblastic activity and increases calcium and phosphorus retention, while androgen exerts an anabolic or protein-forming action. The incidence of undesired side effects is minimized by reason of the opposing action of the two steroids on sex-linked tissues.

OSTEOPOROSIS RESPONDS TO COMBINED ESTROGEN-ANDROGEN
THERAPY

Older women with fractures, particularly of the hip, respond especially well to combined estrogen-androgen therapy. Pain in the spine and other bones is relieved considerably or completely within weeks to months. "The body weight frequently increases, the skin appears to be thicker, strength is increased, and the general well-being is much improved." The prognosis for bone recalcification is good, provided therapy is continued for extended periods.

• SUGGESTED DOSAGES

"Premarin" with Methyltestosterone may be administered in the following dosage schedule: 2 or 3 tablets No. 879 (yellow) daily, or 4 to 6 tablets No. 878 (red) daily.

In the female, it is suggested that combined therapy be given in 21 day courses with a rest period of about one week between courses, and be continued for 6 to 12 months; following this period, the patient may be maintained with cyclic therapy employing "Premarin" Tablets alone.

In the male, a careful check should be made on the status of the prostate gland when therapy is given for protracted intervals.

 Steindler, A., in Stieglitz, E. J.: Geriatric Medicine, ed. 2, Philadelphia, W. B. Saunders Company, 1949, p. 693.

 Albright, F., Smith, P. H., and Richardson, A. M.: J.A.M.A. 116:2465 (May 31) 1941.
 Reifenstein, E. C., Jr., in Harrison, T. R.: Principles of Internal Medicine, Philadelphia, The Blakiston Company, 1950, pp. 651, 655.

4. Wilson, T. M.: M. Ann. District of Columbia 23:489 (Sept.) 1954.

## "PREMARIN" with METHYLTESTOSTERONE

ideal preparation for combined estrogen-androgen therapy

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#### **Postpartum Breast Engorgement**

(when lactation is to be suppressed)

"Premarin" with Methyltestosterone has been successfully enployed to relieve the discomfort of postpartum breast engagement with virtually none of the unwanted side effects likely to occur with estrogen or androgen alone.

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SUPPLIED IN Two POTENCIES: the yellow tablet (No. 879) contains 1.25 mg. of conjugated estrogens (equine) and 10 mg. of methyltestosterone; the red tablet (No. 878) contains 0.625 mg. and 5 mg. respectively. Both potencies are available in bottles of 100 and 1,000 tablets.

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## "PREMARIN" with METHYLTESTOSTERON

ideal preparation for combined estrogen-androgen therapy



Ayerst Laboratories . New York, N. Y. . Montreal, Canada

# They Built an Office —And a Nest Egg, Too

Seven M.D.s and a dentist invested \$5,000 each in an office building for thirty-odd specialists; and they expect their returns to snowball

#### By Thomas Owens

• Five years ago, eight practitioners—a dentist and seven medical men—in a Middle Atlantic town that I'll call Appleton° decided to erect a modest office building for their own use only. So they put up \$5,000 apiece and formed a corporation. Today, they own a handsome, functional one-story edifice that houses twenty-seven specialists—and is worth a quarter of a million dollars.

The doctors are quick to point out that they didn't plan it that way. But when news of their project got around, they were swamped with requests for space from local colleagues. As a result, they decided to expand the original building and to rent out suites.

Right now, they're expanding even further—"raising the roof," as they put it, by adding a second story to one wing. Throughout its growth, though, the Medical Building of Appleton has remained exclusively a domain for medical and dental specialists.

The financial returns for the eight investors should eventually be excellent. (For a breakdown of 1954 in-

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<sup>\*</sup>Proper names have been changed in this article, for obvious reasons. Otherwise, it is a true account in every detail.

come and expenses, see the profit statement accompanying this article.) Says the corporation's tax consultant:

"There was a net profit, after taxes, of more than \$8,500 last year. About half the annual net profit will be used to accelerate amortization. The rest of it will be allowed to accumulate for future dividends to stockholders and for capital improvements to the building.

#### Six for One

"What's more, though the owners really pay rent to themselves, as the corporation, they can deduct this sum as a business expense on their individual income tax returns. And after the mortgage is paid off, every dollar of the original investment should be worth at least \$6."

Any such estimate of returns and appreciation is naturally based on the twin assumptions that the building will remain fully occupied and that realty values in the locale will continue to rise. The Appleton doctors believe they're on safe ground in both respects. Here's why:

#### **Prospects Rosy**

1. As the result of a high rate of population growth, dozens of new doctors have moved into the Appleton area since the war. The county medical society, for example, took in fifty-seven new members in 1953. So the owners of the medical building expect to have no vacant offices for years to come.

2. Appleton's business center has already begun to expand out toward the medical building; and the entire surrounding area will probably be zoned for business in a few years. Obviously, the market value of the property should rise as a result.

"The population picture was much the same when we started planning, back in 1949," says surgeon Irwin Petersby, who is also chief of staff at Appleton General Hospital. "The main reason we decided to put up a building for our selves was that we all needed roomier offices for our growing patient-loads."

Naturally, the eight men had begun by looking for a building in buy. "But we soon realized that the only way to get the kind of place you want is to build it yourself," says Dr. Petersby. "Only trouble was, we didn't relish the idea of going into the real estate business."

#### Find the Right Lot

They were convinced that the project was feasible, however, when the following facts came to their attention:

¶ There was an ideal location for a large medical building, plus plenty of parking space, just two blocks from the hospital;

¶ One of the doctors, roentgenologist Jonathan Stonefield, had already bought half of this lot, as a personal investment;

¶ The other half was for sale at very reasonable price; and

## Medical Building of Appleton, Inc.

#### **Profit Statement for 1954**

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	1,920.00 106.37 2,076.81 1,527.39 258.63 195.00 2,997.62 107.48 36.00 3,557.54 189.66 7,372.00 7,282.16

Because of deductions, the taxable income was only \$6,961.48. This figure was arrived at by deducting from gross income all the operating expenses listed (except mortgage amortization) plus a depreciation allowance of \$11,043.85.

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¶ Though the area was zoned for residences only, town officials were willing to admit a professional building.

#### How It's Financed

So the eight men decided to put their idea into effect; and on December 7, 1949, they became a legal corporation. (This doesn't make them a medical group in any sense, of course; they're merely co-owners of a real estate company.)

The new corporation immediately set out to finance the building. It raised an initial \$40,000 by selling stock to the eight members; each bought fifty shares at \$100 a share. Then the doctors got an \$80,000 mortgage (at 4% per cent interest) from a local bank.

Now they were really in business. They bought the land, hired a firm of architects, and began to discuss plans for their eight-man office building.

#### The Building Grows

But, before long, other local physicians and dentists heard about the new structure; and several of them put in bids for office space. So the inevitable happened: The eight large suites provided for in the original blueprint became sixteen somewhat smaller ones. Additional cost: only \$15,000.

On Sept. 8, 1950, construction began. Nine months later, the building was finished—and fully occupied by sixteen medical and dental specialists. Each of these was allotted 400 square feet of space, at an anual rental of about \$4.25 per square foot.

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The owners' suites were completed to each man's specification. But only actual floor space and accompanying electrical and plumbing fixtures were leased to tenant. Then, as now, each tenant was required to pay the corporation whatever it cost (usually about \$1,000) to erect partitions within his suite. And, as in most buildings, these faced improvements become the property of the corporation if the tenant moves.

#### 'Only Act One'

Once everyone had settled in his new quarters, exterior improvements got under way. Lawns were planted and shrubs set out. A huge parking space was paved, to accommodate increasing numbers of patients.

"It seemed like the happy ending of a play," says Dr. Stonefield. "But we soon found it was only the end of Act One."

Requests for office space kept pouring in. So, barely a year after the building had opened, its physician-owners began to consider enlarging it.

"Naturally, we didn't want to push our luck too far," says Dr. Stonefield. "So we made a survey of the specialists in town. We asked those who had been living here longest whether they'd be interested in moving into our building. Well, you can guess what happened: The curtain went up on Act Two."

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By early 1953, a new wing of the one-story building was completed; and ten more doctors and a dentist moved in. Cost of this expansion was added to the open-end mortgage, bringing it to a total of about \$155,000.

#### Improvements Added

Along with the new construction, the doctors also made some general improvements. For example, they had the entire building air conditioned. And they prepared for possible future expansion by installing a bigger heating plant, by building an elevator well, and by strengthening exterior walls. (Thus, the building was ready for a second story when, in the fall of 1954, construction began.)

In addition, they saw to it that suites in the new wing would be more roomy than those in the original building. Several of the tenants had felt cramped with a total floor space of only 400 square feet. The later suites are more spacious—500 square feet; and any tenant who



"Remember when we played 'house' last week?"

MEDICAL ECONOMICS - MARCH 1955

wanted to move to larger quarters was permitted to do so when the wing opened.

The second story wasn't long in coming. Construction began in October, 1954, and should be completed by April of this year.

#### End in Sight?

After that? "Oh, we're finished," says Dr. Stonefield. "The play's end-

The seven other "founding fathers" of the building agree with him. They say they're looking forward to a few more leisure hours.

Corporation business will still take some of their time, of course, since there's no salaried manager for the building. But most of the usual troubles of landlords don't crop up, they point out, because doctors are such stable tenants. A single janitor is responsible for over-all maintenance; and he hasn't yet found his duties particularly burdensome.

#### Doctor in Uniform

As for the occasional more complicated problem, the doctor-owners tackle such matters at bimonthly business meetings. Several months ago, for example, a young tenant was called up for military duty while his lease had four years to run. With no fanfare, the corporation agreed to cancel his obligation and find another tenant. In addition, the departing doctor was told there'd be room for him in the building, somehow, when he returned to Appleton

Twice a year, the eight men hold full-scale business meetings. Main item on the agenda at such sessions: re-evaluation of the corporation's stock.

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There's a special reason for this semi-annual check-up. If one of the owners were to die or withdraw, the corporation would have the right to buy his stock at the price set during the last such meeting. This arrange ment insures continued control by the original stockholders.

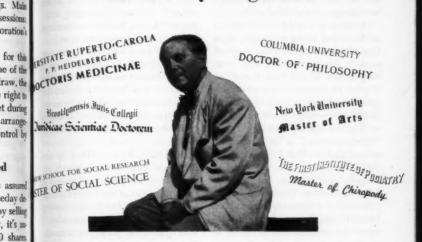
#### Control Is Assured

Actually, such control is assured even if the corporation someday & cides to raise more capital by selling stock. The reason: By law, it's ... thorized to issue only 750 shares. Since the doctors own all 400 shares issued to date, they need have m fears about potential loss of voting control.

At the moment, though, they're not interested in raising capital. seems likely that the doctors mem what they say when they insist that the current addition to the Appleton building will be the last.

But four of the eight stockholder have extended their financial activities. While keeping their investment -and their practices-in the Apple ton building, they recently set w another corporation with a group of doctors in Bridgeton (fifteen mile away). You can look for another medical arts building out that we

# **Doctor by Degrees**



Meet Louis Perlman, M.CP., LL.B., B.S., M.A. (in languages), PH.D., J.S.D., M.S.S., M.A. (in education)—and finally, at 64, M.D.

#### By Peter Jaeger

 Most doctors in their sixties aren't eager to retire from practice; but they are thinking of slowing down a bit. Not so 64-year-old Dr. Louis Perlman. He's raring to go. One good reason why: He just graduated from medical school last year.

Because of his age-and because his M.D. came from Heidelberg University, not from an American school-Dr. Perlman had some trouble finding an interneship in the U.S. But New York City's Beth David Hospital found

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a place for him in September, 1954; and he's there now—embarked at last on the medical career that's been his goal since childhood.

"I was only 9 or 10 when I decided I wanted to be a doctor," says Louis Perlman, wryly. "But that was back in Russia where I was born, long before World War I and the Russian Revolution. I started my education in Europe; but I wasn't able to finish it—either there or here—until half a century later."

Perlman was 27 in 1917, when he arrived in New York City. He spoke three languages fluently—Russian, French, and German—but his English was sketchy. Though he had to take a job in a button factory to keep himself alive, he was determined to enter the professional world in at least some capacity. So, chiefly in order to improve his English, he immediately enrolled in night high-school classes.

Two years later, he took an eightmonth chiropody course at what is today the College of Podiatry of Long Island University. And in 1920 he opened his first office.

He was to practice chiropody for the next twenty-eight years. But he was also to continue his education with a thoroughness and intensity that might shame many a college president.

"At first," Dr. Perlman recalls, "chiropody didn't pay very well. So I took on translating jobs for several publishing companies. I was paid by the page, and soon had enough Russian, French, and German manuscripts stacked up to occupy myself for six months in advance." (Meanwhile, his practice improved, too. So he took time out to marry and beget two sons.)

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By the time he was 35, he considered himself too old to begin a medical education. But he *did* enjoy studying; and he *did* feel that his English needed polishing. So he decided that it would be fun, as well as good training, to take some course in law.

In 1926, he enrolled in the Brooklyn Law School, which ascepted his chiropody background at the equivalent of one year of college—the school's entrance requirement at that time. Perlman was able to take classes only at night, of course. But he persevered.

#### Multi-Letter Man

He persevered so hard, in fact, that after three years of night study he emerged with an LL.B.

He had no intention of practicing law. Yet, in a way, this marked a turning point in his life. The acquisition of such an upper-crust diploma affected him much as the gift of a first fine stamp must affect the embryo philatelist: He determined to start a collection. So here's how he spent the next few years:

In 1933, he was graduated from New York University with a B.S. In 1934, N.Y.U. gave him an M.A. in modern languages. In 1937, be earned a Ph.D. from Columbia University. And in 1938, he obtained a doctorate in juristic science at Brooklyn Law School.

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All this, incidentally, while he continued to practice chiropody, take on occasional translating jobs, and raise a family . . .

After 1938, Louis Perlman looked at his diplomas, saw that they were good, and rested for a while. But retirement seldom comes easy to a confirmed collector. He soon returned to school—this time to Manhattan's New School for Social Research, which gave him an M.S.S. (Master of Social Science) in 1941. A year later, N.Y.U. awarded him an M.A. in education.

By now Perlman was a widower. His sons had completed their college educations (one apiece) and were in the Army. So after several academic degrees—enough for two or three lifetimes of almost any other man—he began again to dream of the one he'd always wanted: an M.D.

It wasn't easy to find a medical school that would admit a man his age. He was turned down by several institutions in both this country and Europe. But in 1949, Heidelberg accepted his application, and he sailed for Germany and a medical career at last.

Five years later, he had earned an M.D., magna cum laude.

He still has a few hurdles to jump before he can go into private practice, of course. For one thing, Heidelberg medical degrees haven't been approved in this country since 1939; so there's a good chance he'll have to take additional training after he finishes his interneship.

"But I have no doubt I'll make it," says the 64-year-young physician. "It may take a while before I have my own practice as a G.P. But I'm very patient, you know. And, believe it or not, I'm not the least bit afraid of having to take a few more courses. I like to study."

#### **Mother Knows Best**

 An unmarried, 16-year-old girl had given birth to a baby at the hospital where I was interning. During her stay I suggested tactfully that, for the baby's benefit, she and her beau might find it a good idea to become husband and wife.

"Oh, we want to get married," she said eagerly. "But Mother won't let me. She says I'm too young."

-STANLEY P. MAYER JR., M.D.



# **MAN on Display**

By Emerson F. Long

• There's little danger that laymen will ever know as much about medicine as they should. But in a few U.S. cities, well-planned health museums are giving them a chance to learn. What's more, the museums are becoming increasingly popular.

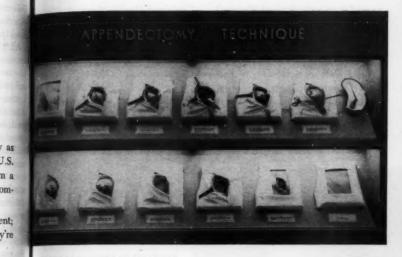
Probably most people flock to them for entertainment; some, because they're free. Whatever the reason, they're going—and by the tens of thousands every year.

Which is good news to medical men concerned about the state of public health education. For the health-museum visitor can't help picking up at least a few authentic facts about his personal design and operation.

Health museums have been functioning for some years in Cleveland and Dallas. A number of other cities are also contemplating similar projects.

But Philadelphia has the first such museum in a hospital. This unique display, at Lankenau Hospital, has the advantage of being as accessible to patients (who pad





DREAD OF APPENDECTOMY is said to be lessened for the layman when he sees the operation reproduced, step by step, on wax models. Other exhibits, like the animated ones shown at right, are popular because they invite visitor participation: Just press a button, turn a dial, or take a deep breath, and measure your lung capacity, your heart beat, or your probable life expectancy.





IANKENAU'S MUSEUM is the one-story building in the center. Its total cost, including a 335-seat auditorium (for films, etc.): \$300,000. Of this, \$30,000 went for exhibits, all of which came from the Cleveland Health Museum workshop.

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#### MAN ON DISPLAY

around it in bathrobe and slippers) as to the rest of the citizenry.

So, in a way, it may be called therapeutic as well as educational. Staff doctors say that ambulatory patients find it an invigorating relief from the tedium of hospital routine.

The exhibits are reproductions of some in the larger—and long popular

-Cleveland Health Museum, oldest such institution in the country. And the Philadelphia museum has already shown some of the same magic drawing power as its prototype: In its first year (1953-54), it played host to 30,000 people.

In these pages, you can take a look at a few of its displays.



DUCTLESS GLANDS can be viewed through the Plexiglas skin of an obliging female model. (Each gland lights up in turn, to facilitate identification.) Among the other sights: exhibits showing the daily secretion of digestive juices; the structure of a tooth; a crossection of human skin; the number of calories in average portion of twenty-four popular foods.

BIRTH DATE DISK—a blessing to women who distrust fingercounting-answers the important question: "When?".



HUMAN FERTILIZATION, pregnancy, and delivery are depicted in the Dickinson-Belskie collection on the human reproductive system, consisting of several models like this one. END

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# What It's Like To Work for a Union

This typical union-health-center doctor likes his part-time practice there. But most union members, he observes, still prefer their own physicians

#### By Lawrence C. Goldsmith

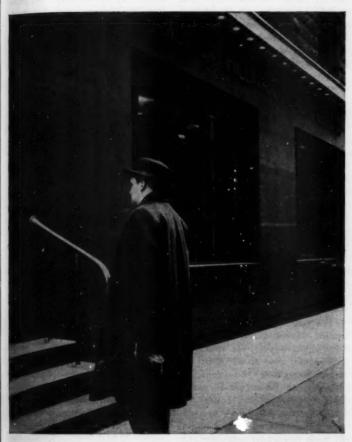
• Josiah Salder• is a Brooklyn, (N.Y.) internist with a \$15,000 gross annual practice. Three afternoons a week, he leaves his quiet residential neighborhood and drives over to the teeming industrial section that skirts Manhattan's Union Square. He puts his car in a congested parking lot and, just short of 4 o'clock, enters an old six-story building that's been converted into a modern clinic.

For the next two hours he sees patients who are workers in the men's and boys' clothing factories scattered over the metropolitan area. Immediately afterward, he bucks heavy traffic back to Brooklyn, has dinner, and holds evening office hours for his private patients.

"Sure, I dislike the trip," he says. "But I enjoy the work: It's a stimulating change of pace from my private practice. It pays fairly well. And it gives me the satisfaction of being in on something big and new in medical practice."

Josiah Salder is one of seventy-five part-time physicians—fifty-five of them specialists—who staff the Sidney Hillman Health Center. This four-year-old clinic, run by the Amalgamated Clothing Workers of America (C.I.O.)

<sup>&</sup>lt;sup>e</sup>Actual person, but with name and identifying data changed.



THROUGH THESE PORTALS—union-owned—pass some ten thousand patients a year, along with the seventy-five M.D.s (on part-time schedules) who treat them. The six-story health center belongs to the Amalgamated Clothing Workers of America (C.I.O.). It offers a cornucopia of services—but not home care—to the union's nearly 35,000 New York City members, at \$10 annually a head.

for its nearly 35,000 New York members, is one of thirty-three union health centers throughout the U.S. It's regarded as a model by those who advocate union-sponsored medicine.

What's it like to work there?

For one thing, Dr. Salder emphasizes, he's sure of a modest but steady supplementary income. As a specialist, he gets \$7.75 an hour (G.P.s are paid \$5.75). So, for his six hours a week, fifty weeks a year, he pockets \$2,325—equal to an increase of 26 per cent in his \$9,000 net earnings from private practice.

#### How Pay Is Figured

Dr. Morris A. Brand, full-time medical director at Hillman, points out that the doctors at the Center give spare time only, their intake is clear of expenses and collection risks, and the scale of pay is in line with average earnings among urban M.D.s generally. If one of our specialists worked a forty-hour week, fifty weeks a year, his yearly net pay would come to \$15,500," Dr. Brand points out. "The comparable figure for a full-time general practitioner here would be \$11,500."

Patients at the Center are seen by appointment; and their handling by both physicians and aides, Dr. Salder says, is "quite efficient—just about as good, in fact, as in my own private office. We don't give home care; but, then, neither do most union clinics."

All specialties are represented on

the staff except obstetrics and pediatrics. Equipment—most of it goodincludes X-ray, laboratory, and physical therapy facilities. Drugs used at the clinic are furnished without charge; and the clinic pharmacy fils prescriptions at reduced rates.

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#### What It Costs

Employers pony up a quarter of 1 per cent of their payrolls to meet the cost of laboratory, X-ray, and physical therapy procedures. And the union's employer-contributed welfare fund provided the original \$750,000 that established the Center.

It costs an annual \$36 per patient—or close to \$13 per local union member—to run the clinic. The member pays no fee for service; but he does pay an annual assessment of \$10, plus another \$10 if he wants coverage for his wife. (Most other union-run health centers are nanced entirely by management.)

The clothing workers' union maintains that employer contributions to the Hillman Health Ceter are mostly in lieu of deserved wage increases. Therefore, it argues the members' own money actually supports the clinic.

#### Like Private Care?

Whoever is responsible for buttering the bread, it is well sliced. For instance, the Center cultivates the traditional doctor-patient relationship as far as possible: The patient sees the same M.D. on each

visit; or he's referred for special services under that doctor's supervision.

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"If one of my patients is dissatisfied, he can switch to another of the clinic doctors or complain to the medical director," says Dr. Salder. "Then, if he feels that, for some reason, things still aren't going right, he can ask his union shop steward to look into the case."

The patient has another element of free choice, too: He can go to an outside doctor (at his own expense) and still get the benefit of free laboratory, X-ray, and physical therapy services. The Center willingly provides these as prescribed by, and even as supervised by, outside practitioners.

#### Not Industrial-Like

General policies of the Sidney Hillman Health Center are determined by a joint directorate of union and management men. Medically, though, the clinic is guided entirely by a council of nine physicians. Six of these are outside M.D.s. two are staff men, and one is the medical director, Dr. Brand.

In a way, this set-up is particularly illuminating: "It points up the fact that we're a health center, not a workshop for industrial medicine," says Dr. Salder. "A number of outside doctors have asked me if it doesn't take training in industrial practice to prepare for a job like mine. My answer is a firm no."

For example, he explains, the

Center gives no service for job-connected injuries or illness. Workers must take these, as compensation cases, to outside doctors-except, of course, for emergency first aid in accidents that occur in the neighborhood of the Center.

#### Management's Worries

In the union's view, placement and return-to-work examinations are management's problems, too-as are safety and sanitation measures and occupational hazards. So although the Center does makes some studies of industry health conditions, Dr. Salder and his colleagues wouldn't be practicing much differently if they were treating shopkeepers instead of factory workers.

Josiah Salder finds it, all in all, a congenial atmosphere. "I like the constant diversity of cases," he says, "and I find working with a group a pleasant contrast to solo activity." Also, while he doesn't expect to get rich in the union's service, he feels it provides him with a unique form of "insurance":

"What if my practice should decline? That's possible, you know, especially in a big city, where neighborhood population is constantly shifting.I could then ask for an increased schedule at the Center and offset the drop in my income.

"Or suppose a population shift should become so drastic as to force me to move my practice to another section of the city. In that event, my work at the Center would give me a basic income during the transition."

Several of Dr. Salder's colleagues at Hillman have found their union jobs just the kind of "insurance" he talks about. One, a G.P., is rebuilding his practice after returning from military service. "I'd have a hard time making ends meet," he says, "if it weren't for the Center."

#### It's a Good Cushion

Another practitioner just got over a serious illness and must take it easy. So he's putting in two hours a week at Hillman, with the understanding that he'll gradually increase his work there as his health picks up.

Still another is a former city health department doctor in the course of switching to private practice. He says his part-time work at the Center is helping him make the changeover.

About 85 per cent of the doctors, Salder included, have been on the staff since early 1951, when the Center began operating. Most of the others are additions rather than replacements.

Hillman demands good qualifications of its medical men. Each must be a graduate of a Class A school and must have interned at an approved hospital. Specialists are required to have passed their boards and to be affiliated with recognized hospitals.

Dr. Salder, who's been in private practice fourteen years, has two such hospital connections. Even the Center's G.P.s are, for the most part, on hospital staffs.

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"Frankly," says Dr. Salder, "Im glad to be in on the ground floor. I believe a health center offers the only practical form of medical program for workers in an industry (like the garment industry) made up of scores of rather small companies. None of these companies has much in the way of an employe medical service; most have nothing at all. Even the largest and strongest firms could hardly undertake amthing like Hillman."

Dr. Salder doesn't believe it has hurt him professionally to work for a union medical service—"certainly not in New York City, where over 400 other M.D.s do likewise." Nor does he feel that he's serving a form of medicine that threatens the future of private practice.

The Center's directors, he admits, are "expansion-minded." (Their immediate objective is to take in members' children under 18.) But they have no plans for providing home care. This, they insist, must remain the province of the local practitioner.

#### They Prefer Their Own

"The private M.D. still plays the leading role," says Dr. Salder. "In fact, through working here, we realize more than ever how vital he is in the average layman's opinion."

It's something of a paradox, he explains:

"You'd expect union members to

swallow no-fee medical care whole -especially when the quality is good. But that hasn't happened at Hillman.

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"When they're sick, they go to the doctor who took care of the kids or Aunt Minnie. And in picking somebody to cut them open, they're far more ready to listen to the advice of a neighbor than of a union official."

For every worker who uses the

Center in a given year, there are two who do not. Dr. Salder reasons it out this way:

"There's a persistent strain of individualism that evidently comes to the surface in a personal matter like medical care, despite the inducement of no-fee services from a well-qualified staff of M.D.s. For that reason alone, it seems to me, the health center will never displace the private doctor."

#### **Shock Treatment**

 When I felt reasonably sure that I was, as they say, "with child," I called the office of a well-known Ob./Gyn. man I'd heard of.

"This is Mrs. Jack Pines," I told the nurse. "I'd like an appointment. I'm pregnant."

"Oh, dear," she said excitedly. "Hold the line and I'll connect you with the doctor."

I repeated my name and symptoms to the doctor, and he, too, seemed startled.

"I'm sure there's some mistake," he said. "But suppose you come in to see me this afternoon."

Why all the excitement? I asked myself. I was a perfectly normal young woman in my late twenties. I'd successfully given birth to a fine, healthy boy three years earlier. So what was the fuss about?

I got the answer later in the day when I walked into the doctor's office and gave the nurse my name. She immediately broke into a relieved grin.

"Whew!" she said. "You gave us bad time. One of our regular patients has a name the same as yours, only spelled differently. Last year she had a hysterectomy!"

-RUTH PINES

# Your Arthritis Patients And You

What attitude should today's physician take toward this crippler disease that he can't cure and that remains an economic—as well as a clinical —problem for everyone concerned?

#### By Mauri Edwards

 For the doctor as well as the patient, arthritis is a difficult disease. It's hard to diagnose and hard to treat. And it's often unrewarding economically.

How, then, should the modern physician, confronted by an arthritic patient, be expected to react?

Sir William Osler answered for his generation by saying: "When I see an arthritic entering the front door, I leave by the back door."

Today's practitioner can hardly repeat those wordsat least, not publicly. But he knows what Osler meant.

He knows that arthritis is clinically a stepchild—that, for instance, the average U.S. medical school devotes no more than four hours in four years to the subject. He knows that the disease is a steady drain on the pocket-books of millions who suffer from it—yet that private and government sources contributed only about \$2 million for arthritis research in 1953 (the best year reported so far).

In the circumstances, it's not surprising to find him inclined toward the belief that treating arthritis yields slim returns, both professionally and economically. i

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The real wonder is that any medical men are tackling the issue head on. But they are. Some doctors, in fact, now have a far different attitude toward the disease from Osler's.

How can this new attitude be explained? Therein lies a story.

A major reason for the new optimism that's beginning to emerge is the discovery in recent years of cortisone, hydrocortisone, and ACTH. With weapons like these, practitioners can at last make a stab at fighting back.

Though fully aware that such drugs are powerless against many forms of the disease, they feel the stirrings of real hope. For they know they can now make at least temporary progress against the all-around worst type of joint disease: rheumatoid arthritis.

But drugs alone don't account for the profession's turning toward, instead of away from, the arthritic patient. The following facts also carry weight:

- 1. With the help of modern medicine, people are living longer—long enough, often, to get some form of arthritis. A recent study showed that 97 per cent of those who live beyond middle life are hit by this disease in one of its forms. All in all, arthritis is the nation's worst crippler. It now claims upward of 10 million victims, half of them at least partly incapacitated.
- 2. Because of old prejudices—and the average doctor's lack of specific training—arthritis is a wide-open field. The M.D. who's equipped to enter it may find far less competition than in most other branches of medicine.
- Old beliefs to the contrary, moreover, arthritis needn't always be red-ink practice. There are a few fulltime rheumatologists, and they're not complaining.

Despite all the encouraging factors, the doctor who tries to grapple with arthritis still keeps his fingers crossed. "After all," a 37-year-old C.P. recently said to me, "I

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#### YOUR ARTHRITIS PATIENTS AND YOU

know the treatment will take a long time; and I know there's no cure. So I can hardly bubble over about it."

This physician—I'll call him Alvin Reddner, since he doesn't want his real name mentioned—went on to tell me about a typical arthritis case. His story, which contains remnants of yesterday's outright pessimism along with the new element of guarded optimism, is worth retelling here:

The first time Sam Graves went to Dr. Reddner was about a year ago. Graves, a 51-year-old building contractor, explained that he was "feeling run-down." In the middle of a morning, while at some routine tack he'd suddenly just run out of energy.

"Maybe you can give me some vitamins?" he suggested hopefully. fir

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Dr. Reddner questioned his closely. Graves said he found his self getting more and more irritable. And he was, for some reason, finding it hard to bend his knees.

"Then, too," he added, "a couple of times last week, it was as if I had no control over my hands. I dropped a cup of coffee, and then an electric drill."

Since it sounded as though Sam Graves needed more than vitamins, Dr. Reddner put him through a se-



"It started out as a heavy cold . . . but it's now developed into a hangover!"

ries of diagnostic tests during his first visit. Total fee: \$35.

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The tests left no doubt: Graves had rheumatoid arthritis. So the doctor plotted a course of treatment. He prescribed plenty of rest, a nutritious diet, cortisone, and weekly office check-ups.

For three months, Graves followed these instructions to the letter. Fortunately, he had a good business and money in the bank. So he could afford to pay the doctor his weekly fee of \$5—which included the cost of the cortisone.

On the other hand, he had to take rest periods and to give up some of his heavier work. This meant delegating part of his work-load to a skilled assistant and hiring another man—at \$45 a week—to pick up the slack.

#### **Cue for Consultation**

At the end of three months, Dr. Reddner took stock: The builder's spirits seemed better. But his physical condition hadn't improved as much as they had hoped. So the physician suggested that Graves see a local internist with considerable experience in arthritis.

The internist made a thorough examination of the patient and put him through a comprehensive series of tests. He charged \$50 for his services and turned Graves back to Dr. Reddner, recommending a somewhat changed course of treatment. It included the use of ACTH.

Once again, Graves visited Dr.

Reddner's office weekly and paid \$5 for each treatment. Now, his condition seemed to improve; and about six months later, Dr. Reddner told him that the disease appeared to be in remission.

"You'll still have to come here," he said. "But I think one visit in three months will be enough."

#### What's the Outlook?

It was just a few weeks ago that Graves got the good news. He's doing better all the time; and Dr. Reddner hopes to discharge him after his next visit. First, though, he'll make another complete examination and sedimentation test.

When Graves pays the \$25 fee for that final check-up, he'll have spent more than \$300 to regain his health—not counting the cost of the extra hired hand. "Even then," Dr. Reddner admits, "the poor fellow probably won't be through with his fight against rheumatoid arthritis. As most of us know only too well, this disease almost never gives up, once it has selected a victim."

If and when it does recur, Graves may be doomed to a struggle, merely to keep life tolerable. It may become increasingly hard for him to carry on his business, too—which may well lead to financial problems. Meanwhile, the physician will simply do what he can to help.

The case of Sam Graves is reasonably typical. So, apparently, are the fees cited, although local and individual factors in an arthritis case

MEDICAL ECONOMICS - MARCH 1955

#### YOUR ARTHRITIS PATIENTS AND YOU

may obviously affect the economics of the doctor-patient relationship.

For example, when a doctor finds it necessary to use more extensive therapy, the total cost of the treatment is bound to soar. On the other hand, now that the oldest of the miracle drugs—aspirin—is returning to favor as an anti-arthritis agent, it's often possible to keep costs down.

The economic importance of lowcost drugs to arthritis treatment can't, of course, be overemphasized—especially since arthritis tends to find so many of its victims among the very poor. One recent survey showed that rheumatic diseases are twice as common among those with an income of under \$1,000 a year a among those whose income is above \$3,000.

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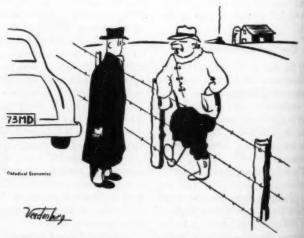
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Sometimes, even when the victim of rheumatoid arthritis has means, he's likely to dissipate them in his vain battle for health. This fact was brought home to me unforgetably in the office of a Manhattan internist:

Just before I went in to see the doctor, a thin, drawn-looking all fellow walked out.

"Did you notice that man?" the



"Centerville's not such a good bet, son. Got two specialists there now: Dr. Benton specializes in people, Dr. Miller in horses."

internist asked me. "I've been in private practice close to twenty years; and he's been an arthritis patient all that time. While I've charged him nominal fees—as have others—he has spent his life savings looking for a cure. Unfortunately, there are plenty of others like him."

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Arthritis, then, is still a disease that siphons off its miserable victim's earnings—and hope. Even so, medicine can now do so much more for the arthritics than ever before that doctors like Alvin Reddner and the man I'll call Franklin Tenning are becoming more numerous every day.

#### **Father Had Arthritis**

Dr. Tenning, who's 41 and an internist, is one of the few physicians in the U.S. who have made a special study of arthritis. Why has he done it? "I don't really know," he says. "Maybe because I saw my father suffer so much from the disease."

His interest in arthritis won him a \$1,000 "traineeship" from the Arthritis and Rheumatism Foundation, the organization that raises funds for research and that informs the public of news in the field. With this help—not to mention his own savings—Dr. Tenning studied for a year in the arthritis clinics of New York City and Boston.

Then he returned to his Midwestern practice as an internist. But he's now known particularly, in his area, as the man to call in on tough arthritis cases. To that extent, the complexion of his practice has changed.

Financially, though, he notes no change. "I'm doing just about as well as I ever did," he says.

#### Learned by Reading

Dr. Reddner, like most medical men, wasn't in a position to leave his practice as Dr. Tenning did and take a year's training at a major study center. But he did make a careful and systematic study of the literature.\* Can the average G.P. qualify himself for arthritis work by the same means?

I put this question to Dr. William H. Kammerer, secretary of the American Rheumatism Association, which is the professional organization in the field. His reply:

"I think the doctor who thoroughly acquaints himself with the literature is ready to see arthritis patients. And this I must add: There isn't much that can be done for such patients by the man who depends solely on the meager training he got in the subject at medical school."

#### The G.P.'s Role

Most doctors prominent in the field of arthritis maintain that the G.P. can play a leading role in fighting the disease. "Remember," says

<sup>\*</sup>Indicative of the new attiude toward arthritis is the great surge of clinical papers in recent years. The Arthritis and Rheumatism Foundation now publishes a monthly bulletin; and the American Rheumatism Association issues a thick annual review. So many papers were presented at the A.R.'s last annual session that it now holds interim meetings, too.

one, "that rheumatoid arthritis—the most common form of the disease—is systemic. Since it attacks the whole body, it's best managed by the family doctor, because he's the man who knows the whole patient."

In much the same vein, Dr. Russell L. Cecil, medical director of the Arthritis and Rheumatism Foundation, has this to say:

"Deny the arthritic patient the care of his family doctor, and he may be forced to go to a clinic. Medically, he may receive excellent treatment there; but there's far more to arthritis than book medicine. Half the battle is coaxing the patient to go on, to try to feel better. The emotional catharsis of a visit with the doctor is priceless to the patient. Obviously, then, the G.P. is essential."

#### Specialize in It?

It's significant that such arguments are advanced by men like Drs. Kammerer and Cecil, who are internists themselves. They and most other leaders in the field are, in fact, flatly opposed to the formal, full-time practice of rheumatology.

"As a subspecialty of internal medicine, it's all right," one internist has told me. "In fact, it's hard today to be good in my specialty without having made a study of rheumatology. But it's bad to get so wrapped up in it that you do nothing else."

Why should this be so?

This physician answers by pointing out that a constant stream of arthritis cases can bring only total disillusionment to the doctor. A colleague of his adds that cajoling and caring for an arthritic is so time-consuming that the full-time rhen-matologist may not be able to handle enough patients to make a decent living. "I don't see how anyone can net even \$7,500 a year out of attritis," he says.

#### Field Too Narrow?

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A medical educator cites a different objection to specialization. "Let's face it," he said to me, when I asked him his opinion. "The full-time rheamatologist isn't involved in very deep medicine. He prefers to stay away from rheumatic fever. So he winds up handling nothing but a little gout, some osteoarthritis and a lot of rheumatoid arthritis. This makes his subspecialty all the nurrower. He's in a pocket; and he has left general medicine far behind."

That seems a reasonably fair statement of the official stand taken by the American Rheumatism Association, which now has a doctor-membership of about 900. A few of the members are full-time rheumatologists; but most are internists and G.P.s to whom arthritis is a fraction—though an interesting one—of a well-rounded practice.

Since the A.R.A. opposes all-out rheumatology, it follows that the association also rejects the idea of board certification in the field. But there are dissenting voices. Here what one doctor has said to me:

"As the population grows older as people are saved from the killer diseases—arthritis becomes a more pressing problem. So it's inescapable that rheumatology will become more important, too.

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"There are already some highly successful rheumatism specialists, not just in the big cities but also in small towns. Why? Because these men are needed. And they're making out well financially, too.

The need for good men in this field is so great that many doctors who claim they devote only part of their time to rheumatology actually work at it almost all the time. It's only logical. Once they become known for their ability in this difficult field, they get swamped with arthritis referrals. Naturally, almost all the rest of their practice soon gets crowded off the schedule.

"But many of these doctors are

ambitious. They aspire to become professors; and they know that arthritis is still an academic back alley. They fear recognition won't come if they openly espouse the logical development of rheumatology into a full-blown subspecialty.

"This is academic astigmatism, if you ask me. Without board certification, or even an academy to set standards, there's no tower on the structure of rheumatology. And there's also no incentive for bright young doctors to enter the field. But wait and see. We'll get that tower yet."

This ringing prediction may come true. Or it may not. Meanwhile, this much seems clear:

The very existence of an academic battle in the ranks of rheumatologists is, of itself, a healthy sign that the challenge of arthritis is at last being met.

### **Hold That Jargon!**

• While examining a rather seedy looking woman in my darkroom, I dictated the location of a corneal condition with the phrase, "O.D. down and out." After the examination, the patient lapsed into a stony silence.

As she rose to leave, she glared at me accusingly: "When you said 'O.D. down and out,' I suppose you meant 'Old dame down and out.' Well, I'm not down, but I am going out—out of here for good."

She did, too. I never saw her again.

-WARREN S. REESE, M.D.



## Where Can an M.D. Park?

Across the nation, that nagging question gets harder and harder to answer. Read the results of this recent sampling of physicians

#### By Wallace Croatman

 Not long ago, Dr. Miles Atkinson, a New York City ENT man, decided to strike back at the no-parking crusade that Manhattan police have been waging against

THIS ARTICLE is the last in a series based on a survey of doctors' cardricing habits. Previous articles (see October and November, 1954, and February, 1955, issues) reported, among other things, that the acreage physician of those queried by MEDICAL ECONOMICS is more likely to drice a Ford than any other make, that he pays \$150 annually for automobile insurance, and that he drives 12,000 miles a year professionally.

doctors. Confronted with a \$15 fine for overtime parking, he mailed his check to Chief Magistrate John Murtagh along with a blistering letter.

In effect, Dr. Atkinson served notice on the city that it could hereafter choose between having his \$15 or his continued free service at Bellevue Hospital's municipal clinic. It could not, he warned, have both: "I'm not going to pay the city for the privilege of working at Bellevue."

In his note, he added that he would urge other doctors to stop work at city institutions for one day, as a protest move. This, he maintained, would cause no great hardship to patients; but it would show public officials that doctors could back up their threats if they were pushed too far.

At last report, Dr. Atkinson's rather drastic scheme had been given little support by his Manhattan colleagues. Even so, he's likely to get plenty of sympathy, if nothing else, from the national cross-section of practicing physicians who responded to this magazine's recent automobile survey.

Two out of every three doctors questioned say they run into *some* kind of parking problem during a typical working day. The main trouble spots are in the vicinity of hospitals—where, as one respondent puts it, "Nurses, technicians, and visitors seem to beat us out of even the 'Doctors Only' spaces."

Many medical men also have a hard time finding room for their cars in the neighborhood of their own offices. Office parking seems to be far more difficult, in fact, than parking while on house calls.

Only a small percentage of the surveyed doctors recall having paid serious attention to the parking problem when choosing their present office location. But a number of them yow that they'll do so next time!

The attitude taken by local police is a key factor. For instance:

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What happens when a cop spots a physician's car parked in a forbidden zone? Does he take a malicious delight in tagging it? Or is he aware of the circumstances that often compel doctors to take their parking space where they find it?

Most of the medical men surveyed say the police in their vicinities are reasonably understanding. Yet almost all the doctors recall having got one or more parking tickets in the last five years.

#### The Fines Stick

About three-quarters add that they paid a fine the last time they were tagged for parking illegally—and that the fine stuck. There's one bright note, though: Almost always, the doctors report, they've been allowed to pay the fine by mail or by proxy, and thus haven't had to waste time in court. ("At the very least, such fines should be tax-deductible as a business expense," says one man. "But they aren't.")

What's being done to ease the doctor's parking problem? On this vital question, the respondents are discouragingly silent.

A few, it's true, report that the police in their locales now issue special parking permits or windshield emblems through the local medical society. For a yearly fee of \$3, for example, the Philadelphia M.D. is furnished with an official windshield card, which entitles him to immunity from parking tickets while on emergency calls. In some

cases, too, medical men have managed to wangle "Reserved for Doe tor" signs for use outside their offices.

But all too often, local officials seem bent on curtailing doctors' special privileges, rather than on extending them. In Harrisburg, Pa, for instance—by contrast with Philadelphia—the police have begun to crack down hard on doctors who park in metered zones near their offices. It seems that some of these M.D.s have for years got the equivalent of cheap all-day parking simply by having an aide feed the meter hourly. Now, say the local doctors, even this dubious privilege is being denied them.

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#### How About Insignia?

Most of the physicians questioned feel it's a good idea for a doctor's car to have a sticker, emblem, as other means of identification, even though such insignia obviously make a car more tempting to narcotiss thieves. (One medical man makes a distinction between what he cals "dangerous" insignia—those that are always visible, like windshield stickers and "M.D." license plates—and the "sensible" kind of official phecards that are displayed only when the doctor has to park in a restricted zone.)

One doctor in four says that M.D. plates are used in his state. As they worth-while? Well, a pointy of the physicians in state that have them seem to think so.

Doctors in the other states aren't so sure. About half of the men surveyed nationally say that such plates grant a privilege that's too easily abused by the doctor or his family.

#### One City's Problem

Since the parking problem is usually most acute in the large cities, let's examine the situation in one metropolitan center: New York. Certainly it would be hard to find a more exasperated lot of doctors than the 8,500 medical men who struggle for curb space in crowded Manhattan Island.

Until last fall, ironically enough,

New York doctors had enjoyed good relations with both police and traffic courts. On one occasion, the New York County medical society had even commented on the "excellent cooperation" that city authorities were showing physicians in regard to emergency parking.

Then, last December, the city put into effect a sweeping new parking policy that included a plan to crack down on doctors caught overparking in restricted zones. Physicians were to be allowed only one hour in restricted zones around their offices or patients' homes, only three hours near hospitals. [MORE]



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Promptly and vigorously, the Manhattan county society protested the new rules. It predicted "medical chaos" unless they were eased.

#### Penalty for Service?

"It is the public that will suffer most," said the society's president, Dr. Peter Marshall Murray. He pointed to the "tens of millions" of dollars' worth of free service that doctors were donating annually to the municipal and voluntary hospitals in the city. He called the parking fines that doctors would have to pay under the new regulations a "tremendous added penalty" to tack on to their gratuitous contribution to the city's health. He warned that some physicians might give up practicing in Manhattan if the parking hazard grew any worse.

In spite of such protests, the city went ahead with its plan. And a few short weeks after the regulations had gone into effect, the New York County society charged that the "medical chaos" had indeed come to pass.

#### A Storm Brews

Said an editorial in the society's bulletin: "Not content with the unrealistic one-hour parking limit, overzealous police have been issuing parking tickets on doctors' cars in twenty minutes in some cases." As a result, it added, these things had happened:

"Physicians who have taken to taxicabs to avoid parking problems have been spending \$10-\$15 a day for transportation.

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"Women physicians... have been insultingly told to 'stop driving your husband's' M.D. car.

"Already resignations are occuring or threatened in free clinics of the city, where doctors ask if they are to render charity medical serices to the poor and then pay \$15 fines for the privilege. [This was no obvious reference to Dr. Atkinson, whose decision had been widely played up in the New York new-papers.]

"The Chief Magistrate has stopped handling explanations from doctors by letters and now demands appearance in traffic court. One doctor appeared for such explanation... wasted a half day of time ... and had the parking fine reduced from \$5 to \$4!!"

Claiming that the doctors' "strongest protests . . . have gone unheaded," the editorial wound up with this thinly veiled threat to the cit. "Perhaps the only thing that can be done is to let the situation gradual worsen until an aroused public opinion supports the medical profession."

#### 'Why All the Furor?'

For some time, the authorities seemed unmoved by the doctors plight (e.g., Magistrate Jack I. Nicoll: "Why are you doctors or ating such a furor, carrying on this way every time you get a parking ticket?"). But eventually the doc

tors began to get support from an mexpected quarter: the newspapers. Even the tabloid Mirror never noted for its pro-medicine sentiments—editorialized:

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"Many doctors [are] doing slow burns—understandably so, in our opinion. Imagine giving a great deal of free time for charity cases at city hospitals and then finding yourself suck with a ticket as a payoff!"

The Mirror urged "forbearance on both sides." And it offered some specific planks on which to build a compromise: "It could be established, for instance, how many tickets the average doctor receives as he attends to his normal work. These could be 'forgiven.' Penalties could be imposed beyond the forgivable number in order to discourage those who chronically abuse the privilege."

#### The City Relents

At last, something over a month after the new rules had taken effect, Traffic Commissioner T. T. Wiley abruptly announced that they would be eased—at least with respect to hospital and emergency parking.

Under a revised plan, he said, hospitals would supply diagrams of the streets in their area, along with lists of visiting staff physicians. These doctors would be issued identifying windshield placards; thus they'd be allowed unlimited parking around the hospitals where they had staff privileges.

#### Cards for M.D.s

Mr. Wiley also announced that physicians would receive special identification cards to use in case of unavoidably long house calls. But he turned down a request that New York's M.D.s be allowed up to three hours' parking in restricted zones near their offices.

He also took a dim view of the long-range situation: "There must be more and more regulation of curb space, to move vehicles more freely," he said ominously.

So it seems likely that Manhattan doctors can expect parking problems to impinge on their peace of mind for a long time to come.

In this respect, unfortunately, they're like a good many other medical men, the country over.

## **Meditation at a Medical Meeting**

Of all the dry words of tongue or pen, Most welcome are these: "In summary, then . . ."

-LEON LUKASZEWSKI

# Sample Filled-In Tax Forms

These specimen Federal returns—complete with explanations—will help you make out your own. They point up tax changes that affect M.D.8

#### By Joseph F. McElligott

• How should a doctor's income tax return look when it's all filled in, with the last penny added and the last "t" crossed? Leaf through the following pages, and you'll see. The sample return shown is that of a composite M.D., whom I've called Thomas J. Harcourt. He lives, let's say, with his wife, his mother, and his three children in a place named Maplesville, N.Y.

Dr. Harcourt is a 45-year-old internist. His practice last year netted about \$25,000 on a gross of \$42,000. On his return (which I helped him prepare) he also reports income from the following sources:

¶ A local real estate company of which he is a partner;

¶ A gas station he owns and rents out;

¶ Stocks and bonds owned by himself and his wife;

¶ A trust fund set up by his father;

¶ His salaried position as school physician; and

THE AUTHOR is a tax and medical management consultant in New York

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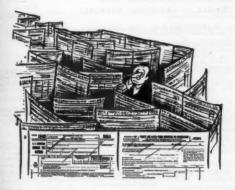
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¶ Occasional lectures on his hobby, high-speed color photography.

The doctor's office is located in his home and occupies about 30 per cent of the total floor space (hence, he takes as a business deduction 30 per cent of all expenses incured for the building as a whole). He employs a full-time laboratory and X-ray technician, a part-time R.N., and a full-time secretary. He owns two cars, and uses one exclusively for professional purposes (so every dollar-spent on this business car is a deductible business expense).

As for the rest of his financial record, study the following pages; you'll probably find several ways in which to compare Dr. Harcourt's return with your own.

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## Page 1 of Form 1040

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				Physician	None	House		
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	B. Enter	number o	exemptions	claimed for other indi-	viduals listed in Sched			
Т	2. Enter you Persons c A. Employ	ir total wi	ages, salarie aveling, trai	otions claimed in A to s, bonuses, commission asportation, or reimbur 2. Where Empl	ns, and other comper reed expenses, and Or leyed (City and State)	nsation receive stride Salesmen C. Total Was	d in 190	54, Sefere papell dis Structions. D. Imeane Tax We
Your			e Scho	ol District	******************	2,40	0.0	432
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10 GE				umn D above). Attac	th Forms W-2	4.3	2. 00	
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The	nes 4	Har	ge and peli	of is a true, correct, a 3/2/55 (Date)	nd complete return.	Hanca	T.	3-1-

DOCTOR'S THREE CHILDREN qualify as dependents. Since they're all under 19, each of them would so qualify even if he had earned more than \$600 last year. But if any of the children were over 19 and had earned more than \$600, he'd qualifr for the exemption only if he were also a full-time student.

INCOME-SPLITTING PRIVILEGE of the joint return—used by Dr. Harcourt and his wife-has been extended to widows and widowers. Under the new law, the surviving spouse may Le a joint return in reporting income for the year of death and the next two tax years. So, if either the doctor or his wife had died in 1952 or 1953, the survivor (though remaining umarried) could have filed a joint return in reporting income for 1954, provided that during that year such survivor had maintained a household for any of his dependent children.

NEW DIVIDEND CREDIT is directly subtracted from actual tax bill. The doctor computes his \$8.70 credit on Schedule J. (See page 139 for an explanation of the new treatment given to dividend income under the 1954 tax law.)

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## Page 2 of Form 1040

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							Less: Net operating I
27, 251 38							L Net profit (or loss) (line 4 less
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312 60			PIPE /Can Inches				L. From sale or exchange of cap Schedule E.—IP
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				plied by line		luded	L. Percentage of income to be exc
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			e fexcess of line		_		Cost received tax-free in past y
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	Other expenses (attack stemized list)	5. 01	4. Repairs (affach Remized list)	epreciation (explain in adule H) or depiston	it or 3. De	2. Amount o	1. Kind and lucation of property
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							Maplesville, N. Y.
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				1 Contractor	-		
years) 2. Deposition years) for line year	Method 6. Rato ( or life (ye	5. m	Deprociation al- lewed (or allemable) in prior years	A Cast or other	Date acquired	other	<ol> <li>Hind of property (if buildings, state as which constructed). Exclude land and condepreciable property</li> </ol>
ears : 128.00	line 25 ye	Str.		s.3_200_00	1/46		Frame building
		********			*********		
IFE AND CHILDRE	THER THAN WIE	800, O1	LESS THAN 16	OSS INCOME O	WITH GR	DIVIDUAL	eh. L-EXEMPTIONS FOR IN
Ho" enter proposi speci is	4. If answer to 3 is "No		1		- 1		
opport in 1954 by-	Tou Cond your wife if this	hare years -	2. Old individual in grees impose of S	2. Salationskip	-	s if different fro	1. Hame of Individual. Also give addre
			or more in 1954?				
Others, and by totaled from over both	megit ,, ag,,				_		
topo con lath	to (and your who if the is a joint return). If 199% wells "all"	-	No	Mother			fargaret A. Harcourt
topo con inth	wells "all"	8.	No	Mother			fargaret A. Harcourt
tion on last		8.	No	Mother			fargaret A. Harcourt
			***************************************	als claimed above	individuo		fargaret A. Harcourt

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A FOREIGN INVESTMENT paid Dr. Harcourt dividends in 1954. Dividends from foreign companies don't get the new tax break given to dividends from qualifying U.S. companies. So the foreign company is listed here, and the domestic companies are itemized on Schedule J (see page 138).

REPORTING ANNUITY INCOME is no problem for Dr. Harcourt—he had none. But if you got money in 1954 from an amusity or an insurance policy, see "How to Figure the Lowered Tax on Annuity Income" (MEDICAL ECONOMICS, February, 1955), which explains the new method of reporting such income on your Federal tax return for last year.

THE DOCTOR'S MOTHER qualifies as a dependent. You're allowed a dependency exemption for certain relatives (listed in the official instruction booklet), provided they (1) earned less than \$600 last year and (2) got more than one-half of their support from you. Furthermore, under the new law, you can also get an exemption for a non-relative who (in addition to meeting the two conditions mentioned) was a member of your household during 1954.

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7. Deposition for this year

s 126.00

## Page 3 of Form 1040

	Describe deductions and state to whom paid. If more space is needed, attach additi-	enal sheets	10-
		627.00	(See
	College building fund	250.00	
Contributions	Hospital building fund	500,00	
	Miscellaneous charitable organizations	260.00	
	Total Contributions (not to exceed 20 percent of item 6, page 1, except where churches, schools, and hospitals are included). (See instructions).		8_1_69
	On mortgage on residence and office.		
	On mortgage on residence and drice.	310.10	- 15
Interest	On personal bank loan	60,00	
	(		
	Total Interest		37
	Real estate: residence and office (personal sh. 70%)	373.94	
		673.88	
Toses	License plates. N. Y. gas tax (family auto)	24.80	
	New York City sales taxes	12.22	
	Total Taxes		
	Do not enter any expense companasted by insurance or otherwise A. Medicine and Druge	B. Other	
Medical and	1. Net Expenses (Attach iteraized list)	L	
lantal expense	2. Enter in Column A, 1 percent of item 6, page 1		
(If over 63, are instructions)	3. Enter in Column B, excess of Column A, line 1 over line 2		
1	4. Total of Column B, lines 1 and 3	5	
700	5. Enter 3 percent of item 6, page 1		
4	6. Allowable amount (excess of line 4 over line 5). (See instructions for limitati		
Child Care	Expenses for care of children and certain other dependents (see instructions). Not (Attach statement)	to exceed \$600.	
	Damage to family auto (no willful intent) by accident		
ire, storm, or	due to icy road Cost of repair \$85.00		
ther casualty.	Insurance recovery, \$35.00.	50,00	
- unid	Total Allowable Losses (not compensated by insurance or otherwise)		50
	Rental of safe deposit hox for stocks and		
Miscellansous	boads	11.00	
	Stock investment services	25.00	
	Total Miscellaneous Deductions		36
	TOTAL DEDUCTIONS (Enter on line 2 of Tax Computation, below)		8 3,177
	TAX COMPUTATION		
			5.32, 971
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1. Enter Adjuste 2. If deductions \$5,000 or ma	d Gross Income as shown in item 6, page 1.  are itemized above, enter total of such deductions. If deductions are not itemized as (a) married persons filing separately enter \$500: (b) all others enter 10 merces.	nd line I, alone, is nt of line I, but	12.00
not more the	d Gross Income as shown in lises 6, page 1.  are itemized above, enter total of such deductions. If deductions are not itemized ex (a) married persons filing separately enter \$500; (b) all others enter 10 perces in \$1,000	nd line !, afeec, is nt of line !, but	3.177
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memized LIST OF CONTRIBUTIONS is furnished in a separate statement (not reproduced here) that names the organizations to which the doctor contributed, and the exact amount given to each. Official instructions explain how you may deduct up to 30 per cent of your adjusted gross income (instead of 20 per cent), for gifts to hospitals, schools, and churches.

DEDUCTION FOR INTEREST on the mortgage of Dr. Harcourt's home-office is divided: He takes 70 per cent as a personal deduction on this page and 30 per cent as a business deduction on Schedule C (see page 140).

MEDICAL EXPENSE DEDUCTION isn't possible for the doctor, because last year's doctor and dentist bills for his household totaled less than \$989.14 (3 per cent of his adjusted gross income). Every dollar spent above that amount could have been deducted here—up to the limit as set in the official instruction booklet you get with your tax return. [MORE]

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### Page 4 of Form 1040

				1	
l. Name of corporation declaring dividend:	(Owned	Succ	Amust rec before 3/	1/54	Arregad com- after 7/30/3
Associated Tumber On Ten					
Associated Lumber Co., Inc.	Nancy I	larcourt)	8	2 00	s120
Porter Wire Co., Inc.	11	**		0.00	40
National Camera Co., Inc.	99	11		5 00	40
	************		88		17
Total			55		S217
Less: Exclusion of \$50. Apply exclusion first to Col. A and ex	cess, if ony, to		3 3		210
Solution Column B the amount from Column A line 4	**********		8 0	5 10 0	217
L. Enter in Column B, the amount from Column A, line 4 Total dividends to be entered on line 1, Schedule A, page 2 (t	tal of Column	D. Brond on	3 m		1 2
Total dividends to be entered on line 1, Schedule A, page 2 to		i b, mee	d 3)		
(a) 4% of amount on line 4. Column B, above	Krion				
(b) Tax shown on line 6, 7 (c), or 8, page 3, less the amount, the tax in item 7, page 1	if any, on line	9, page 3; at	, if Tax Table	is used,	7,741
(c) 2% of taxable income—line 5, page 3; if alternative tax is the case of a joint return)	*********	**********			523
(Taxable income, for those using the Tax Table to compi $10\%$ thereof and less the deduction for exemptions (item	ite tax, is the all L. page 1, r	amount shown nultiplied by \$	in item 6, pag (600))	e 1, less	
Enter here and as item 6A, page 1, the smallest of the amount					8
IOTE: If both husband and wife have qualifying dividends, an e received but not to exceed \$50 each.	exclusion shall	be allowed to	each on line		
Schedule K.—CREDIT FOR RETIREMENT INC			for definition	s and oth	er details)
separate return, use Column B only. If joint return, use one or one for wife.	dumn for hush	and and	A		
nd you receive earned income in excess of \$600 in each of any the taxable year 1954?			_ Yee	□ Ho	□ T• □
answer above is "Yes" in either column, furnish all information	below in tha	it column.			
<ol> <li>Retirement income for toxable year:         <ul> <li>(a) For suppayes under 55 years of ege:</li> <li>Enter cally income received from pensions and annulies v systems. (Do not enter pensions, annulies, and retiremer</li> <li>(b) For texpayess 55 years of age and older:</li> <li>Enter total of pensions and annulies, retirement pay from</li> </ul> </li> </ol>	nt pay from Ar	med Forces).		-	
rents, and dividends included in gross income in this retu	IB		4	1	
Limitation on Retirement Income					
L. Enter here amount shown in line 1 or \$1,200, whichever is les			3		
L. Deduct:					
(a) Amounts received in taxable year as pensions or annuitie Security Act, the Railroad Retirement Acts, and certain of gross income. (See instructions)	*********	********	**********		***************************************
(b) Compensation for personal services received in the taxable (Line 3 (b) does not apply to persons 75 years of age or a	year 1954 in ex wer.)	cass of \$900.			
L Total of lines 3 (a) and 3 (b)			8	1	
& Balance (line 2 trinus line 4)			8	s	
Tentative credit (20 percent of line 5)			8	8	
. Total tentative credit on this return (total of columns A and	B, line 6)			3 200 5	
Limitation on Retirement Credit					-055.8
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Less: Credit for dividends from line 8. Schedule I. above		******		+	
Balance of line 8.	**			9	
k. Retirement income credit. Enter here and as item 8B, pa	ge 1, the amo	ount on line 7	or line 9, wh	tchever	
Statement of Basses (athor	Alican Angener	Presenting	- Dahum	********	
	CENTRAL PROPERTY.	(42) FESDORIN	g Merum		return (including eturn based as al

TAX RELIEF ON DIVIDENDS— written into law by last year's Congress, after much dispute—cuts the doctor's tax bill a bit. First, he excludes from taxable income \$50 of the dividends received before Aug. 1, 1954. Then, after he figures out his total income tax for the year (\$7,743.10), he subtracts from that amount 4 per cent (\$8.70) of the dividend income received after July 31 of last year. (See Item 8A, on first page of Form 1040, where the actual subtraction is made.)

THE TWO FOLLOWING PAGES show Dr. Harcourt's professional income and expenses. Notice that on Schedule C-2, as itemized, the doctor lists a total of \$149.50 for repairs to his home-office. Then, in the column just to the right of that, he takes 30 per cent (\$44.85) of the total as a business deduction. In the same way, he includes 30 per cent (\$799.16) of total maintenance costs (\$2,663.87) as a business expense. The doctor's footnote on Schedule C-2 means that he has already filed Forms 1096 and 1099 with the Commissioner of Internal Revenue, Processing Branch, Kansas City, Mo. (As required by law, this had to be done before Feb. 28, 1955.)

28/55

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23 86

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#### Page 1 of Schedule C

PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION
(For Computation of Bold-Employment Text, non Page 3)
PARTHESHEPS AND JOINT VENTURES SHOULD FILE ON FORM 1005

1954

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	mag		, 1334, and ending		, 18
ourt, M.	D., 11 W	lnut St	reet, Map	lesville,	N. Y.
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				you own thi	s business?
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Qne				months duri	to year?
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tion number, if an	y 11-15.9.	2.061	**************		
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	Amount	Line No.	Explanation		Annual
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CHEDULE C-2	Thomas J. Harcou ll Walnut Street Maplesville, New		Calendar Year 19
	Maplesville, New	TOPE	
TAXES			
Social Security			\$122,60
Narcotic tax sta	mp		1.00
Real estate (30%	of total)		160, 26
tem 15		Total	
REPAIRS			
To professional	office equipment		\$128.60
Painting of offic	e lab and foyer		145.00
Oil burner		\$27.00	
Sewer line		42.50	
Sidewalks		80:00	
			9.50) 44.85 (30%)
em 19		Total	
OTHER BUSINESS I			
Heat		3 397,62	
Light		213.85	
Water		41, 60	
Grounds		288.00	
Cleaning woman		1,560.00	
Insurance		162, 80	
1000.000			3.87) \$ 799.16 (30%)
Auto Expense (hu	siness auto only)	(100,00	3.01) \$ 135.10 (50%)
Gas, oil, greas		-	5.66
Service and rep			9.12
Insurance			3, 25
Parking and tol	la.		5.40
1414108 444 141			709.43
Office Expense			
General supplie	8	81	.60
X-ray supplies		568	. 30
Lab supplies		242	. 60
Medical supplie		392	.13
Periodicals		28	. 25
Accounting and	legal services	334	.50
Stationery and p	oostage	206	.37
Laundry	4 1 2	162	.00
Floor waxing		144	.00
Telephone and a	newering service	476	
		-	2,636,03
Professional Expe			
Malpractice inst	arance	. 140,	30
State license fee		5.	.00
Journals		84.	.60
Society dues		266.	00
Conventions (2)		319.	
Gifts to hospital	staff nurses	118.	7.7
	(vacation coverage)	800.	***
			1,732.50

\*Forms 1096 and 1099 filed with Commissioner of Internal Revenue [MORE]

MEDICAL ECONOMICS · MARCH 1955 141

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#### Page 3 of Schedule C

(See Instruct	tions—Page 4) ELF-EMPLOYMENT TAX	
(For old-age and s  ASSE OF SELF-EMPLOYED PERSON to separate schedule must be filed for a	urvivers insurance)	
the second companies and a second complete contract to the residence of	white part dust achiev their their	
Thomas J. Harcourt	COMP BAY A	
THE SUSTINGS ACTIVITIES, IF MAY, SUBSCITED SELF-EMPLOTA	NEW 2 1 NA DOT BEGINDING RESIDENTIAL DANIES CONDUCTORY	
Real estate development (Ace I	Realty Co partnership)	
ino (See instructions—Page 4)		
S. Not profit (or loss) shown on line 24, page 1 (Enter aggregate a one business)	mount if more than	
Losses of business property shown on line 16, page 1		
7. Total of lines 25 and 26		
S. Less Net income (or loss) from excluded services or sources include	fed in line 27	
Specify excluded services or sources		19
9. Net earnings from self-employment (line 27 less line 28)	8	
<ol> <li>Net earnings (or loss) from self-employment from partnerships, joi K, Form 1065).</li> </ol>	int ventures, etc. (from column 11, Schedule	1, 360 41
<ol> <li>Total net earnings (or loss) from self-employment (line 29 plus line (If total of net earnings is under \$400, do not make any entr</li> </ol>	30) ries below)	1, 360 41
Maximum amount subject to self-employment tax	3,600 00	
Less: Wages paid to you during the taxable year which were sub	eject to withholding for None	
old-gap and survivors insurance. [II such wages exceed \$3.000,	enter \$3.600)	
old-age and survivors insurance. (If such wages exceed \$3,600,	3 600 00	- 1
old-age and survivors insurance. (If such wages exceed \$3,900,  I. Maximum amount subject to self-employment tax ofter adjustment	3 600 00	
	for wages 8 3,600 00	1, 360 41
Maximum amount subject to self-employment tax ofter adjustment     Self-employment income subject to tax—Line 31 or 34, whichever	for wages	
Maximum amount subject to self-employment tax ofter adjustment     Self-employment income subject to tax—Line 31 or 34, whichever     Self-employment tax—3 percent of amount on line 35. Enter here	for wages	1, 360 41
Maximum amount subject to self-employment tax ofter adjustment     Self-employment income subject to tax—Line 31 or 34, whichever     Self-employment tax—3 percent of amount on line 35. Enter here	for wages	
Maximum amount subject to self-employment tax ofter adjustment     Self-employment income subject to tax—Line 31 or 34, whichever     Self-employment tax—3 percent of amount on line 35. Enter here	for wages	
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For one with Forms 1960, 1961, and 1988	USE	ND LO	SSES F	ROM SALES	OR EXCH	ANGES OF		1954
For Colondar Your	1964, or other	tazable	rear begi	nning		, 1964, and end	ling	, 195
Your and Address				ll Walnut St	Maplesv	rille, N. Y.	Check type of re	Form   Form   Form   1041   1065
-		(1)	PROPER	TY OTHER T	HAN CAPITA	L ASSETS		
a mand property (if normally of a company of	uy, alliach stulement (alsown below)	b. Data sequired (seq., yt.)	c. Date sold (mo., day, yr.)	d. Oreco sales price (contract price)	e. Bapracialies silowed (or allowable) since acquisition or Murch 1, 1913 (attack schedule)	E. Coal or other basic and cost of subsequent im- provements (if not purchased, allach explanation)	g. Exposes of solar	h. Gain or loss (column diss column diss column disse son di columns di and g)
L_Business	auto7	/7/51	1/11/54	8.1,000.00	8.2,010.00	8.3,216,00	8	(206.00)
1. list gain (or loss). tien 11, page 1, 1								8 (206,00)
	Chart.T	ann Can	ital Cair	(II) CAPITA		Man Than 6	Months	
1 Vacant lo				\$2,000,00				\$ 401,88
6. Ester your share of 6. Ester unused cop 6. Het short-term got 1, Form 1065	n (or loss) from	over from lines 3, 4,	5 preced and 5.	ling taxable yea	rs (Attach state n Schedule D, F	orm 1041, or as		8 401.88
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LINES IN THRO	UGH 25 NOT	APPLI	CABLE 1	O FIDUCIAR	IES AND PAR	TNERSHIPS		(00.20)
				Into Account		1	e. Gain	b. Loss
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11. Ealer not long-tern Use lines 12 through 13. Ealer short-term go 13. Ealer long-term go	15 only if ga ain (line 10, or	ins excee ol. a) red	d losses i	ny long-term los	g (line 11, col. l	Accester.	312.60	8 89.28
16. Inter 50 percent of	of line 13	*******				8	210 00	Service also

GAINS AND LOSSES suggest that the doctor knows the real estate market better than the stock market. Note, too, that the sale of his professional car resulted in a \$206 loss (indicated here by parentheses) because the selling price, added to the depreciation allowance, totaled only \$3,010.

SOCIAL SECURITY TAX of \$40.81 must be paid on the income Dr. Harcourt earned as a partner in a realty firm. END

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## **Year-Round Air Conditioning**

to your present heating system

By Henry Wright

MANY A DOCTOR ASSUMES that he can't readily have central air conditioning in his office or home because the building lacks a forced-warm-air heating system. Fortunately, he's mistaken. As Henry Wright pointed out in a recent House Beautiful article, an integrated summerwinter installation is possible with almost any type of heating plant.

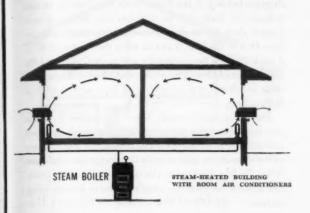
Year-round air conditioning, of course, controls not only the temperature but also the relative humidity and freshness of air. In addition, by filtering out dust, soot, and other air-borne impurities, it may cut cleaning bills considerably. Most of the doctor-owners of such equipment who've been interviewed by MEDICAL ECONOMICS say they've found it well worth the cost of installation and maintenance.

The following article shows how air conditioning can be combined with either steam, warm-air, hot-water, or radiant heating—and just what you can expect from each combination. ou

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<sup>\*</sup>Reprinted from the January, 1955, issue of House Beautiful. Copyrighted, 1954, by the Hearst Corporation, New York, N.Y.



#### ... If you have steam heating

This is the only type of widely used heating that cannot readily be combined with one or another form of central air-conditioning system. You either have to install an entirely separate cooling system (almost as expensive as a complete cooling-heating system) or make a building-wide installation of individual room coolers. Obviously, it will cost you more to install and maintain five or six complete air-conditioning machines than to buy a single, central apparatus (though it's true, of course, that this way you can spread the expense by purchasing and installing your air-conditioning equipment a little at a time).

Some of the room coolers now available provide mildweather heating as well as hot-weather cooling. They're effective as ventilators, too—for in-between weather when neither heating nor cooling is needed.

A room cooler embodies all the essential parts of a

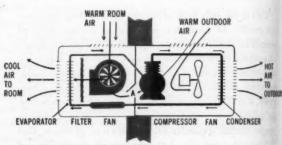
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#### YEAR-ROUND AIR CONDITIONING

central air-conditioning system in a single cabinet (see diagram below). It has finned coils, like those in an auto radiator, at each end. In between are the compressor (which does the work of extracting the heat) and two fans. One of the fans draws air from the room and blows it back through the evaporator coil to cool the room; the other draws air from the outside and blows it through the outer condenser coil to get rid of heat accumulated in the machine.

The refrigerant (usually Freon) circulates in a pipe running around the perimeter of the unit, along a path indicated by short arrows in the diagram. It picks up heat at the evaporator and unloads it through the condenser. When the flow is reversed, the cooler acts as a heat pump; and it heats the room by what's known as reverse refrigeration.

An opening with a doorlike flap at "A" permits the



CROSS-SECTION OF ROOM AIR CONDITIONER

room-air fan to draw some of its air from the outside and blow it through the cooling coil for room ventilation. A filter behind the cooling coil cleans the air delivered to the room, removing dirt, lint, and pollen. 100

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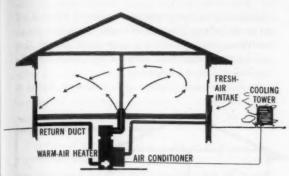
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WARM-AIR HEATING SYSTEM WITH AIR CONDITIONER AND COOLING TOWER

#### ... If you have warm-air heating

A modern, forced-warm-air heating system is the easiest to adapt to central, building-wide, year-round air conditioning. Simply add to the furnace an air conditioner of sufficient capacity; then the present furnace fan and ductwork can be used for circulating cooled air to the various nouns.

In a system of this sort, the condenser can be cooled with either water or outside air. For water-cooling, you need a cheap and abundant supply of naturally cold water; or you must add a cooling tower to your equipment. Such a tower is an apparatus through which water is circulated, cooled, and then reused over and over (see diagram above).

If, on the other hand, you decide to use one of the air-cooled conditioners, which are becoming increasingly popular, only the cooling coil (or evaporator) need be located next to the furnace and its fan. The rest of the apparatus (the compressor and condenser) may be placed anywhere—say, in a garage (see following page). The advantage of this arrangement is that most of the heavy,

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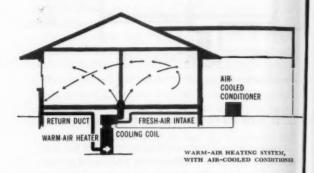
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#### YEAR-ROUND AIR CONDITIONING

noise-producing equipment can be placed where it will not be disturbing. There is no reason, then, why the air conditioner should make any more noise indoors than your heating system does, since the same fan is doing the same job it does in wintertime.

De luxe features which may be added to central air



conditioning are: (1) electronic air cleaners, to remove the smallest dust particles and even smoke from the recirculated air; (2) a fresh-air intake for controlled ventilation. Both are needed if you want to enjoy the full advantages of year-round air conditioning, including virtually complete freedom from dust, dirt, and pollen, and an opportunity to use fresh outdoor air for natural cooling.

#### ... If you have hot-water heating

Do you use hot-water radiators? Then here's all you do to enjoy year-round air conditioning:

Replace the ordinary radiators or built-in convectors with cabinet units known as "remote air conditioners."

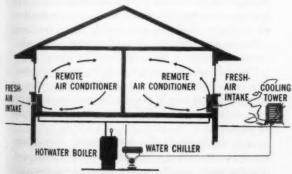
These are similar in function to the inner half of the typi-

INTAK

cal room cooler shown on page 146. In other words, the remote air conditioner is simply a cabinet containing a cooling coil, a filter, and a fan; the fan draws in room air, along with as much fresh outdoor air as you wish, and blows it out through the filter and cooling coil. A water chiller is installed in the basement (or other convenient place) to supply cold water to the unit and to carry away heat. In the wintertime, naturally, hot water from your present heating plant is circulated through the system in the usual way.

This type of air conditioning makes possible room-byroom temperature control, along with controlled ventilation, throughout the year. Surprisingly, it may be no more expensive to install than a separate central cool-air system. Its only disadvantage: You can't install central electronic air-cleaning equipment in this system. Instead, you must use mechanical filters, which, of course, are far less effective.

The water chiller used to actuate a group of remote air conditioners may be either water-cooled (if you have unlimited cheap water) or air-cooled (which uses more power). In either case, it's a simple matter to locate the



HOT-WATER HEATING SYSTEM, WITH REMOTE AIR CONDITIONERS, WATER CHILLER, AND COOLING TOWER

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#### YEAR-ROUND AIR CONDITIONING

compressor and condenser at a remote point where the noise they make won't disturb anyone inside the building. The fans for circulating room air in a quality system are designed and balanced to operate so quietly that most people never hear them.

Remote air conditioners are usually placed on an outside wall, where they can easily draw in outdoor air for ventilation. Also available are special units that can be placed above closets or in other space-saving locations and connected to the outside with short ducts.

Remote air conditioners are increasing in popularity and will become easier to obtain as additional manufacturers enter the field. You can check with any good supplier of "wet" (i.e., hot water or steam) equipment to find out whether they're now available in your locality.

#### ... If you have radiant heating

Even if you have (or are planning to use) radiantpanel "wet" heating, there is no reason to forgo the advantages of year-round comfort conditioning. If your heating system employs ceiling panels, you can use them for cooling as well; you need merely add a ventilating system to supply the dry air needed to prevent condensation of moisture on the walls, floors, or ceiling.

Unfortunately, it's not quite so easy to convert floortype radiant heating. If cold water is circulated through floor panels, the floor is likely to become uncomfortably cold, and cold air will collect and stratify in the lower part of the rooms.

With ceiling panels, this doesn't occur. Instead, after the air near the ceiling is cooled by contact with the panel, it settles gently into the occupied part of the room, displacing the warmer air, which rises and is cooled in turn. HEATING—COOLING PANELS

FRESHAIR COOLING
INTAKE TOWER

COOLING COIL AND
VENTILATING FAN

WATER CHILLER

RADIANT-PANEL HEATING AND COOLING SYSTEM

If you have floor-panel heating and want air conditioning, you must add a completely separate cooling system with regular-size ducts. But in ceiling panels you have the basis for an unusually fine summer-winter system of cooling and heating. In addition to your heating equipment, such a system consists of a water chiller identical with that used for remote air conditioners (already discussed in the hot-water-heating section); a small-capacity ventilating fan; a cooling, dehumidifying coil; a one-way system of ducts; and a piping arrangement that can circulate either cold water or hot water through the ceiling panels.

The cooling coil goes in the ventilating system, with a humidistat to maintain the indoor relative humidity at a fixed level all summer long. A thermostat regulates the temperature of the water circulating through the heating-cooling panels. Such an arrangement, if engineered for the special requirements of your particular office or home, can provide the last word in summer and winter comfort. You'll be free from the annoyances of excessive humidity (e.g., mildew); and, with the addition of an electronic

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air cleaner, there'll be a dust- and pollen-free atmosphere throughout your building.

If you're putting up a new home or office, you can arrange through your architect to have such a system designed by a competent air-conditioning engineer. If you already have a building with ceiling radiant heat, you'll have to retain such an engineer yourself to design a system for you. All the components are made now by air-conditioning manufacturers; but they must be combined and related to one another on a custom basis. Only a qualified air-conditioning engineer can do this and guarantee satisfactory results.

In new construction, a radiant heating-cooling system should not be notably more expensive than conventional year-round air conditioning; and it should be as economical as any other type when added to a building already equipped with ceiling-panel "wet" heating.

In mildly warm weather, such a system can be operated to produce an appreciable cooling effect, even with the windows and doors wide open. Naturally, you'll pay a little extra for this luxury, which can be obtained with no other type of cooling system.

#### **No More Boners**

 My patient was the wife of a colleague. I'd just delivered her of her first child.

Since her measurements were far from ample, she'd had a difficult time: a long first stage, with the occiput in the posterior position. But both she and the baby had weathered the ordeal well.

Not so my friend, the husband. He was visibly shaken. "Believe me," he said fervently, "if I ever go courting again, I'll go prepared—with a pelvimeter!"

-ROY J. HEFFERNAN, M.D.

CONT

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When your geriatric, dyspeptic, underweight, or gallbladder patient doesn't respond to diet, the cause is frequently an inability to utilize food.

CONVERTIN furnishes the dietary catalysts accessary for efficient absorption in these individuals.

The specially layered construction of CONVERTIN provides selective release of ingredients to assure efficient absorption in the stomach and small intestine.



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# Don't Put Too Much Stock In the Stock Averages

A stock 'average' simply mirrors the over-all trend of the market, based on a selected list of issues. It won't necessarily indicate what action to expect of your particular holdings

#### By Morton Yarmon

• If you're an investor in today's brisk stock market, chances are you keep in close touch with your broker. Perhaps the first thing you ask for, each time you phone him, is the latest quotation on your own securities. Then, unless your reception room is overcrowded, you may take another moment to inquire—as one businessman to another—"How's the market today?"

To which his answer may be something like, "Up a dollar ten," or "Off 65 cents."

This financial shorthand probably refers to the Dow-Jones Industrial Average. For Dow, Jones and Co. publishes the Wall Street Journal; and its averages are the best known of a number of tallies issued regularly by people in the business of supplying financial information.

Many of these tallies are called averages. But are they really averages? More important, can you use them as sure-fire guides for determining which securities—and when—to buy and sell? The answer to both questions is an

MR. YARMON is a frequent contributor on financial subjects to national magazines. He is also co-author of "Put Your Money to Work for You," a recent book-length analysis of investment techniques.

# Of 45 Major Investment Averages A Birdseye View

Where Published	nek Ave		Wall Street Journal; Barron's; Commercial and Financial Chronicle; Dow-Jones Sup- plementary Averages (a pub- lication)	crages; Wall Street Journal;
Where	Newspapers	Newspapers	Wall Street Jo Commercial Chronicle; plementary	Dow-Jones Su erages; Wa
How Often Issued	Daily	Daily	Daily; monthly	Hourly; daily;
Basis of Each	10 industrial bonds 10 utility bonds 10 foreign bonds 20 rail bonds 10 low-yield bonds A composite of the five	30 industrial stocks 15 rail stocks 15 utility stocks A composite of the three	10 high-grade rail bonds 10 second-grade rail bonds 10 utility bonds 10 industrial bonds A composite of the four	30 industrial stocks 20 rail stocks
Compiler	Associated Press.	Associated Press	Dow, Jones and Co.	Dow, Jones and Co.
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daily; monthly; Business; Commercial and Financial Chronicle; Moody's Stock Survey	Fitch Bond Record		New York Herald Tribune	New York Herald Tribune	New York Times
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20 rail stocks 15 utility stocks A composite of the three	30 investment-grade rail bonds 26 investment-grade utility bonds 24 investment-grade industrial bonds	A composite of the three	10 industrial bonds 10 high-grade rail bonds 5 second-grade rail bonds 5 utility bonds A composite of the four	70 industrial stocks 30 rail stocks A composite of the two 10 aircraft stocks	20 rail bonds 10 industrial bonds 10 utility bonds A composite of the three
	Fitch Publishing Co.		New York Herald Tribune	New York Herald Tribune	New York Times
	20 rail stocks 15 utility stocks A composite of the three				

# A Birdseye View Of 45 Major Investment Averages (Cont.)

Compiler	Basis of Each	How Often Issued	Where Published
New York Times	50 stocks (25 industrials and 25 rails)	Daily; weekly; monthly;	New York Times
Standard & Poor's Corp.	50 industrial stocks 20 rail stocks 20 utility stocks A composite of the three	Daily; monthly; annually	Newspapers (through Unite Press); Standard & Poor' Outlook for the Securit Markets; Standard & Poor' Trade and Securities
Standard & Poor's Corp.	365 industrial stocks 20 rail stocks 31 utility stocks A composite of the three	Weekly; monthly; annually	Newspapers (through Unite Press); Standard & Poor Outlook for the Securit Markets; Standard & Poor Trade and Securities

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unqualified no. Here's why:

The so-called averages are actually samplings; that is, they merely sample the securities of representative corporations or governmental agencies. Their aim is to show, by this sampling, the movement of the over-all market or of a section of it. But they can't—and don't pretend to—give a complete picture of the latest developments in every field.

The Dow-Jones Industrial Average, for example, is a sampling of a couple of dozen industrial stocks. Dow-Jones figures are the only ones in the country reported at regular intervals throughout the business day. They're computed at the end of every hour of trading on the New York Stock Exchange; and they're relayed to brokerage offices, where they're posted on the quotation boards. So your broker has only to look up from the telephone to pass the information on to you.

#### They All Differ

Similar yardsticks are those issued by the New York Times; the New York Herald Tribune; the Associated Press; Standard & Poor's Corporation; the National Quotation Bureau; Moody's Investors Service; the Fitch Publishing Co.; Barron's; the United States Treasury; the Securities and Exchange Commission; the New York Stock Exchange; and a few brokerage houses, such as Merrill Lynch, Pierce, Fenner & Beane.

But none of those yardsticks

measures exactly the same territory as any of the others. Some denote the progress of special categories of investments—for example, rail stock paper and pulp stocks, over-the counter offerings, bonds (industrial municipals, etc.), commodities, lopriced stocks, even the "most active stocks. Others try to tell the most ment of the entire market.

Only the averages compiled by Dow, Jones and Co. appear hour. There are others that appear day Still others come out only every week or month.

Some of the averages (e.g., te Associated Press) appear daily only. Others (e.g., the New York Time) provide samplings not just daily but also weekly, monthly, and annually.

Even when they purport to sense the same specific end, no two averages ever reach quite the same results. They include different stocks; and they arrive at their figures by different computations. So the couldn't arrive at the same point I they tried.

If you know what the average are, and if you study one or more of them carefully, you'll find them useful. But not as a certain indication of how your investments are behaving. Instead, the averages can have value for you in two other ways:

#### They Tip You Off

1. Since the market tends in move as a whole, a trend, once started, generally continues, a drop in the averages [MORE ON 270]

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# Planning the Low-Purine Diet for a long run.

Imagination is essential to this diet since your patient may have to follow it for many years. These diet "do's" can show him how to use eggs, cheese, and milk—a trio of almost purine-free foods —to supply most of his protein.

#### In these, the trio plays a solo-

Eggs baked in pimiento-flecked cheese sauce are gay and tempting.

A casserole of eggplant and tomatoes layered with cottage cheese and topped with grated parmesan makes a satisfying entree.

Eggs poached in tomato juice can be served in a soup bowl with a frill of chopped parsley on top.

#### In these, the trio plays accompaniment-

Ham 'n egg rolls come hot or cold. For hot, roll a warm slice of ham around scrambled eggs. For cold, roll ham around egg salad mixed with cottage cheese.

Oyster stew can be creamy without cream when the milk is bolstered with dry skim milk powder. A pinch of thyme adds savor.

Broiled salmon or tuna-burgers nestle nicely in a nest of noodles. A slice of cheese on top broils to a bubbling brown.

These suggestions are only a few of the possible combinations of this versatile trio. And the adequate protein nutrition they make possible, plus a liberal intake of fluids, may help establish a regimen that will please you both.





# United States Brewers Foundation Beer—America's Beverage of Moderation

104 calories, 17 mg. sodium/8 oz. glass\*

If you'd like reprints for your patients, please write United States Brewers Foundation, 535 Fifth Avenue, New York 17, N. Y. \*Average of American beat

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# How to Get Them to Keep Their Appointments

Some tactful ways of letting patients in on the fact that your time is as valuable as theirs

By Charles Miller, M.D.

 When he first hangs out the "By Appointment Only" shingle, the doctor feels he's arrived. All too soon, though, he discovers that a number of his patients haven't-in total disregard of a carefully kept appointment book.

When I first started making appointments, about 15 per cent of my patients failed to show up as scheduled—and didn't cancel, either. My initial attempts to remedy this were verbal. I would say, "All right, I'll put you down for Wednesday at 4 p.m. But please let me'know if, for any reason, you can't come. I'm reserving that time exclusively for you."

That little admonition worked fairly well. There was nothing offensive about it; yet it pricked the consciences of these who were careless about appointments.

If I suspected that an extra prod was needed, I would add something like this: "I have another patient who generally wants that hour. But since you asked for it first, I'll have to put him off." Or, perhaps, "I usually go to the hospital on Wednesday afternoons, but if that's the only convenient time, I'll see you then."

Thus, the no-show ratio was brought down-and in a very short time-to 10 per cent. I found from talking to colleagues that this was about par. Still, the little

# Trisocort\* Spraypak\*

Hydrocortisone, 3 Antibiotics, 2 Decongestants

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Hydrocortisone (compound F)—the most effective anti-inflammatory agent

Hydrocortisone is so effective that, when applied topically, maximum therapeutic response is achieved with an extremely low concentration This low concentration (0.02%) of hydrocortisone is one of the reasons who 'Trisocort Spraypak' produces none of the side effects commonly age ciated with systemic steroid therapy.

- 3 Antibiotics -effective against gram-positive and gram-negative bacteria
- 'Trisocort Spraypak' contains 3 antibiotics—gramicidin, polymyxin and neomycin—to inactivate those gram-positive and gram-negative bacteri commonly found in upper respiratory tract infections.
- 2 Decongestants —for both rapid and prolonged relief of nasal congestion
- 'Trisocort Spraypak' also contains 2 superior decongestants-phenylephrine hydrochloride and Paredrine† Hydrobromide-to provide but immediate and prolonged relief of nasal blockage.
- Low cost: Despite the fact that 'Trisocort Spraypak' contains hydrocortsone, 3 antibiotics and 2 decongestants, it is not expensive.
- Available: 'Trisocort Spraypak' is available—on prescription only-in convenient 1/2 fl. oz. plastic spray bottles.

### 'Trisocort Spraypak'

Smith, Kline & French Laboratories, Philadelphia

\*Trademark

Patent 218185 T.M. Reg. U.S. Pat. Off. for hydroxyamphetamine hydrobromide, S.K.F. Other patents applied in

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When I asked a pediatric friend what he did, he said he used appointment cards, printed for him gratis by a baby-food company. Because of the advertising matter on the back, I felt I couldn't use them. But I did adapt the idea to my own needs.

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#### Rx for No-Shows

I had my printer make a trial batch of 500 cards. They were printed on inexpensive, light pasteboard, about 2½ by 1½ inches. They read: "\_\_\_\_has an appointment with Dr. Miller on \_\_\_\_ day, [month, day, year], at \_\_\_A.M. (P.M.)." Then my office address. And, in italics: "Please telephone at least 24 hours in advance if unable to keep this appointment." This was followed by my phone number.

When making an appointment with a patient for his next visit, I took a minute to fill out this card and hand it to him. If an appointment was made by phone, the card was mailed to the patient. This made it necessary for me to get his address during the first phone call—always a good idea, anyway. The mailed card served as both a confirmation of the call and a reminder of the time.

This method was gratifyingly successful: It reduced my default ratio to 6 per cent. The cards proved an effective memory stimulant. They also indicated to patients that I took

my appointment schedule seriously.

After three months, I had used up my trial batch of cards. Ordering another batch, I added a new twist: a counterfoil, or stub.

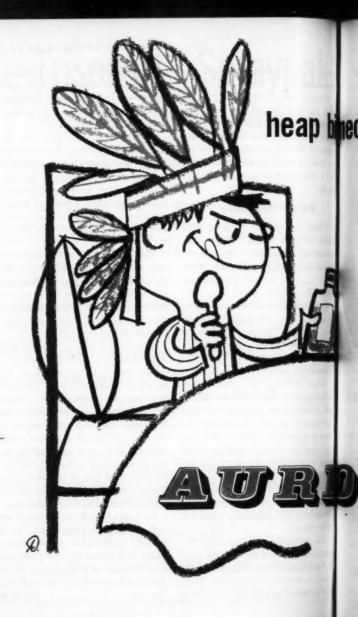
On this stub was space for the name of the patient, the date and time of the appointment, and symbols to show whether the appointment was kept, postponed, broken, or canceled. Then, whenever I made out a card, I filled in the counterfoil, tore it off, and filed it in a box on my desk.

This was simply to furnish accurate figures on the difference between my day as planned and my day as it worked out. It was not intended to stimulate the keeping of appointments. Oddly enough, though, it had that effect.

One patient told me that he once found himself a hundred miles away on the day of his appointment. He would not normally have bothered to telegraph a cancellation. "But," he said, "I remembered how you filled out that stub and filed it in the box. I figured that you really meant it when you said you had reserved that time exclusively for me. So I decided that if you were that businesslike about it, I should be businesslike about the cancellation."

In spite of cards and so on, there will always be a certain number of broken, uncanceled appointments. Many an indignant doctor has toyed with the idea of charging for these. But I know of only one who actually does so.

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# p bedicine! heap good taste!

#### AUREOMYCIN SYRUP

Many a young Indian has taken his medicine and liked it because the doctor specified AUREOMYCIN CALCIUM SYRUP. a mildly sweet suspension with a delicate lime flavor.

its potency of 125 mg. per teaspoonful (4 cc.) enables you to prescribe a specific dose to fit the patient—one which the parent can administer with accuracy. The syrup retains its potency for a year, and needs no refrigeration.

Long, widespread use has proved AUREOMYCIN to be a well-tolerated, broad-spectrum antibiotic promptly effective against a great variety of infections. Next time the patient is a young and wild one-remember AUREOMYCIN SYRUP!

Dosage forms for every medical requirement.

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Each tablet or teaspoonful (5 cc.) of 'Trophite' supplies: 25 mcg. B<sub>12</sub>, 10 mg. B<sub>1</sub>

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He's a physiatrist who has his machine operations tightly scheduled in quarter-hour periods. It hurts him to see no sparks coming out of the sparker, nothing whirling in the whirlpool. So he makes it clear he espects to be paid for any appointment broken without notice.

In my own experience, though, it is been almost impossible to collect a fee for an unrendered service; mully, it only engenders ill will to

If a self-referred patient (or one recommended by a layman) fails to be an appointment, there is little the doctor can do. It is bad taste to shone and ask him the reason. Often, however, the patient himself will call, somewhat sheepishly, for another appointment.

When he does, I tell him, "I think we did have an appointment two weeks ago. I kept that hour open for you. This time, won't you be sure to let me know if you can't come?" I've found that he's not likely to let me down again.

When a patient referred by another physician pulls a no-show, I get in touch with the referring doctor. This is done for two reasons: (1) to explain why he isn't getting a report; and (2) to hint that he, being closer to the patient than I, might let the patient know that such things just aren't done.

Almost always, the other doctor will get in touch with the patient. Nine times out of ten there will follow an explanation, an apology, and a new appointment. This one is kept on the dot.

If the broken appointment occurs during a series of treatments, I still notify the referring doctor. Some-

#### HAVE YOU CHANGED YOUR ADDRESS RECENTLY?

To insure uninterrupted delivery of your copies of M.E., please return this resupen properly filled out. Address: Medical Economics, Inc., Oradell, N.J.

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aged

g. B

#### HANDLING APPOINTMENTS

times it turns out that the patient has stopped coming because he wasn't satisfied with my care and was uneasy about telling me so. His reasons may jolt my ego—but they're usually worth knowing.

When I had regular office hours (1 to 3, 6 to 8) it was my custom to make appointments, if possible, just before or after the regular office period. There were always unscheduled patients in the reception room when I opened the inner office door at 1 P.M. and at 6 P.M., and they had usually been waiting for some time. So if I drew a no-show on my 12:30 or 5:30 appointment, I'd simply usher in the first office-hour patient early.

At the other end of the period the patient reporting for a 3 P.M. or 8 P.M. appointment usually had to wait a few minutes before I was finished with the last of the office-hour patients. But this meant that an unkept appointment at that hour didn't dislocate my schedule too badly.

Since going on an appointment only basis, I've found that during a six-hour day in my office I'll aggregate from fifteen to forty-five minutes' canceled or unkept time. I use it for dictating reports. In fact, on days when I score 100 per cent on appointments, I fall a bit behind on my report work.

Thus, there seems to be a silver lining either way.



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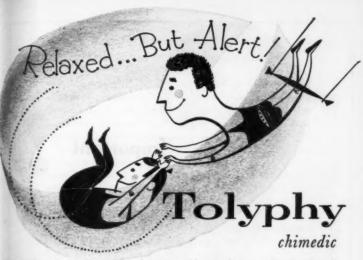
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Smooth and pain-free range of motion with complete muscle relaxation is accomplished by Tolyphy without loss of muscle tone or depressant effect on the central nervous system.

#### Talyphy combines:

- e. Powerful spasmolytic action of Tolyspaz (Chimedic brand of mephenesin) with
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#### Dilemma at the Crossroads

It happened in the mountain country of West Virginia. The ambulance had brought in a woman suffering from eclampsia, who'd been delivered by a midwife. She apparently breathed her last just as she was wheeled through the hospital emergency entry.

It was my duty later to inform the husband. I told him that his wife had expired. But he didn't seem to understand. He showed no emotion whatever. Instead, he asked me if there was a store in the building, and I told him

there was not.

I then thought that maybe I'd been too technical, using the word "expired." So I decided to speak more plainly. I said it was always difficult for me to have to tell a person that a member of his family was dead.

Again, there was no sign of emotion. And again, he brought up the subject of a store: Where was the nearest

one?

I asked him what he wanted to get. He said he'd like some apples and oranges; so I told him where to buy them. Ten minutes later he was back, his pockets—and his face—bulging with fruit.

I was still not sure he'd understood about his wife's death. So I decided to make one last try. This time, I started out by asking him how many children he had. He said there were four besides the newborn one whom he'd brought along with the mother.

Thinking I could put my point over by drawing a word-picture of the death of his wife, I said, "It's hard to have to take your dead wife home, dig a grave, and have the little children see her buried in the ground."

"Yeah," he replied, "I reckon you're right . . . But she's got a mighty good sister. I guess I'll just go home and marry her."

-F. E. LA PRADE, M.D.

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Kills most common pathogens

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Permanently rust-inhibiting, safe for metal, rubber, plastic, or glass

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### Doctors Put These Students In Medical School

M.D.-sponsored loan funds now enable hundreds of young people to study medicine. Here are a few of the findings in a recent survey of such programs as they exist in seventeen states

#### By Emerson F. Long

 Many a youngster who once peered wistfully in at a medical school over a financial wall is now inside. Doctors have helped put him there.

There are more than 500 such students this year—young people who are students only because of scholar-ship programs largely financed or administered by physicians. It costs an annual half-million dollars to keep these future M.D.s in school, according to a recent survey by the A.M.A. Council on Rural Health; and the survey reveals that doctor-sponsored scholarships are now available to students in seventeen states. \*

The money for most such programs comes directly from the nation's physicians, who contribute either through their medical societies or privately. But doctors' wives also know a good cause when they see one:

In two states (Georgia and Missouri), the women's auxiliaries subsidize the scholarships entirely. In one other (South Dakota), the wives contribute jointly with the state medical association.

<sup>&</sup>lt;sup>6</sup>Alabama, Connecticut, Georgia, Idaho, Illinois, Iowa, Kansas, Kentucky, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Ohio, Pennsylvania, South Dakota, Wisconsin.



"She was often depressed, dissatisfied and unhappy . . .

'DEXAMYL' has been of remarkable value for this patient,





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patient: "She was often depressed, dissatisfied and unhappy . . . "Menstrual irregularities, osteoarthritic pains, climacteric disorders, plus the general cares of married life have brought about a variety of complaints."

medical treatment: 'Dexamyl', 1 tablet, t.i.d.

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> (This unposed photograph was taken during the patient's interview with her physician, a general practitioner. The case report is in his words.)

To help restore tranquility, optimism and a feeling of well-being to the patient who is ANXIOUS and DEPRESSED:

## DEXAMYL\*

tablets - elixir - Spansulet capsules

Each 'Dexamyl' Tablet or teaspoonful (5 cc.) of the Elixir contains:

also available: 'Dexamyl' Spansule (No. 1), containing the equivalent of two Tablets; 'Dexamyl' Spansule (No. 2), containing the equivalent of three Tablets.

Smith, Kline & French Laboratories, Philadelphia

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Patent Applied For T.M. Reg. U.S. Pat. Off. for S.K.F.'s brand of sustained release capsules.

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## NEOCYLATE WITH CORTISONE

New synergistic combination of the original potentiated salicylate NEOCYLATE with lower, saler amounts of cortisone ... for fullscale antiarthritic action with minimal risk of complications.

Each NEOCYLATE with CORTISONE Entails contains: Ammonium Salicylate ... 0.25 Gm. (4 gr.) Potassingh Para-Aminobenzoate ... 0.32 Gm. (5 gr.) Ascorbic Acid ... 20 mg. (1/3 gr.)

RECOMMENDED DOSAGE: For acute cases 8 to 10 Entlabs daily in divided doses. For maintenance, I or 2 Entlabs four times daily SUPPLIED: Bottles of 50, 100, and 200 Entlabs (enteric-coated tablets).



Literature on request

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State-appropriated funds pay for the scholarships in Alabama and Minissippi; but in each of these states, the program is administered by physicians. (And, of course, doctors indirectly help finance the programs, too, as taxpayers.)

The only other state of the seventeen in which M.D.s don't fully bear the financial burden is Illinois. There, the doctors have teamed up with the farmers; the Illinois Agricultural Association and the Illinois State Medical Society are each contributing \$50,000, over a ten-year period, to the program. Its object: to increase the local supply of young, rural-minded medical men.

#### Rural M.D.s Wanted

The shortage of country doctors is, of course, a problem in many areas. So it's not surprising that the medical scholarship programs in a number of states were born of this need.

The survey found that in nine of the seventeen states, loans are partly or wholly contingent on the applicants' willingness to go into rural practice for at least a while.

Minnesota and Mississippi are fairly typical: In return for a four-year scholarship in either of these states, the student commits himself to five years of general practice in a community of less than 5,000 people.

"For a full-length article on the Illinois program, see "They're Raising a New Crop of Country Doctors," MEDSCAL ECONOMICS, October, 1954.

Inone state—Nebraska—the strings are attached a bit more loosely (though, doubtless, with equal effect): Students must either pay their loans in cash or go into rural practice "for as long as financial aid was extended."

To keep the programs going, repayment of loans (whether in cash or through service in a prescribed locale) is mandatory in nearly all seventeen states. In four of them, in fact (Michigan, Illinois, Iowa, and Kentucky), students must both pay back the money and take up rural practice.

In only two states—Connecticut and Ohio—are these doctor-sponsored scholarships considered outright gifts. Ohio's program, in particular, is downright open-handed:

The state medical society there



"Mr. Miller called, Doctor. That gizmo on his watchamaeallit is bothering him again."

MEDICAL ECONOMICS - MARCH 1955 1

## to reduce obstetric risks



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180 MEDICAL ECONOMICS MARCH 1955

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#### DOCTORS AID STUDENTS

gresscholarship students up to \$500 a year for a total of \$2,000. And there are no strings to the gifts, though recipients are encouraged to take up country practice.

Connecticut's doctors offer oneyear scholarships of \$500. The money comes from the state society treasury, and goes to deserving Connecticut students in their last year at any approved medical school.

#### What Students Get

Some further survey findings:

Most generous financial deal for the individual student seems to be lowa's. There, the state medical society provides loans of up to \$6,000 total, or \$2,500 a year. Nearly as lavish are Mississippi and linois, with totals of up to \$5,000 each.

(Some scholarships are good for four years of medical school; others, for one, two, or three years. In Pennsylvania, the state medical society will help a high school youngster

#### Anecdotes

MEDICAL ECONOMICS will pay, until further notice, \$25-\$40 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice.

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#### DOCTORS AID STUDENTS

through both college and medical school—if one of his parents is a society member. (If not, the student must already be in medical school when applying for a loan.)

The state with the biggest program is apparently Mississippi, where 206 scholarship students are currently in training. (Not surprising, since state funds pay for the scholarships.) Kentucky comes next; it reports sixty-seven students and graduates now participating in its program (supported entirely by donations from doctors and others).

¶ Students in eleven of the seventeen states are permitted to choose any accredited school in the U.S. or even, in some cases, Canada—for their medical education. But those in Alabama, Iowa, Kansas, Michigan, Minnesota, and Nebraska are required to attend a medical school within the state.

None of the programs has been in effect for long. The oldest, as cording to survey figures, is Albama's, which dates back to 1945. The second oldest is Kentucky's begun in 1946. Many of the rest have barely got under way.

So it seems likely that the idea has only begun to spread. If your state isn't one of the seventeen, it may soon follow their lead; and you may be called on for a contribution. If so, you can look upon it as a sound investment in tomorrow.



LEDERLE LABORATORIES DIVISION AMERICAN Gunamid COMPANY PEARL RIVER, NEW YORK \*TRADE-MARK



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#### Each tablet contains:

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The Upjohn Company, Kalamazoo, Michigan



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## Reserpoid

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(Pure crystalline alkaloid)

## The Delicate Art Of Dunning by Mail

When the debtor won't pay, you'll find that the right kind of letters will keep him as a patient and collect the account, too. For example—

By William MacDonald, M.D.

• There's probably no such thing as the perfect collection letter. The message that gets a check from one man may draw a snort from another. Which is why many physicians experienced in the delicate art of dunning by mail try in each case to fit the letter to the recipient.

The sample letters that follow aren't necessarily for use exactly as is. Often you'll want to vary the wording in the light of your relations with the patient and your knowledge of his circumstances or psychological makeup. With almost any patient, though, the very first collection letter can be as simple and direct as this one:

Dear Mr. Bell:

My secretary tells me that your account is now three months overdue. The amount is \$..... Won't you give this matter your early attention?

Sincerely,

Or, if you like, it can be humanized somewhat, like this: Dear Mr. Bell:

Now and then, one or another of my patients slips behind on his account. When he settles up, he's apt to say, "Why didn't you jog me on it? You know how bills can get pigeonholed."

re:

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Psoriasis generally severe in Ma



This case again demonstrates why MAZON dual therapy is the treatment of choice. Today more and more physicians prescribe pure, mild, nonirritating MAZON Soap to cleanse the skin and prepare it for medication with antiseptic, antipruritic, antiparasitic MAZON Ointment. This dual therapy is used with marked effectiveness in many cases of acute and chronic psoriasis, eczema, alopecia, ringworm, athlete's foot, and other skin conditions not caused by or associated with metabolic disturbances.

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#### DUNNING BY MAIL

I do know. My young son once used some unpaid bills of mine to make cut-outs. All of a sudden, I began getting collection letters; and I couldn't figure out what had happened.

So here's a reminder of that bill of yours, dated ..... A duplicate

is enclosed.

Sincerely,

#### **Keeps Door Open**

Your second letter can assure the patient that your door is still open to him:

Dear Mr. Bell:

I've been wondering about you, and hoping that you're well. I'd be pretty upset if I thought you were letting your outstanding account deter you from consulting me for any needed medical attention. This of fice isn't run on a cash-and-carry basis. I've always tried to make it clear that I'm glad to discuss with any patient the ways and means of meeting the financial problems of medical care.

May I hear from you soon? Sincerely,

Later, if the patient has been a previously dependable payer, try this one:

Dear Mr. Bell:

Because you have paid your bills

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\*Tainter, M. L., et al: Papain, Ann.

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tissed acts synergistically at three important levels of the nervous system — brain, spinal cord, myoneural junctions — thus permitting effective relevation without heavy barbiturate dosage.

KÜSED is used widely in anxiety tension; in the control of the tremors and malaise of acute alcoholism; and as a prelude to psychotherapy.

Each KUSED\* capsule contains:

Mephenesin . . . . . 250 mg.
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Phenobarbital . . . 7.5 mg.
1-Hyoscyamine HBr . . 0.0625 mg.

DOSAGE: 2 capsules t.i.d. or as indicated, after meals or with milk or fruit juices.

SUPPLIED: Bottles of 100, 500, and 1000 distinctive brown-and-yellow capsules.

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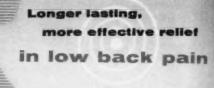
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Mephate relaxes muscle spasm without impairing strength, diminishes tension and anxiety without clouding consciousness.

Each capsule contains mephenesin 0.25 Gm. and glutamic acid hydrochloride 0.30 Gm.

- 1. Bender, T. J. Jr.: at Mtg. Med. Assoc. St. Alabams, Mabile, 1954.
- Jessup, R., Murray, R. J. and Rossi, A.: Amer. Pred. & Dig. of Treatment, 5:792, 1954.

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Ethical Pharmacouticuls of Merit since 1878

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promptly in the past, I gather that some personal emergency must be responsible for your delay in settling your account of [date]. I fully appreciate how these things can come

If you feel that you cannot send along a check for all or part of your balance within the next few days, won't you drop in for a chat about if I'm sure we can work out an arregement satisfactory to both of us.

Sincerely,

#### Reassures Patient

Another tack, for the patient who may feel hangdog about his outstanding bill:

Dear Mr. Bell:

I've already written you suggesting that we get together to talk over your account. Please don't take it amiss if I press the invitation.

Some of my most valued patients are people who can't always pay promptly. Believe me, I regard them the more highly for wanting to pay, often in the face of very serious persmal difficulties. And I have yet to see an instance where things couldn't be ironed out-once the patient got in touch with me.

So please don't put this letter aide. Instead, while it's still in your hand, pick up your phone and ask my secretary to give you an appoint-

Sincerely.

Here's a good letter, if you want

to place the matter on a more personal plane:

Dear Mr. Bell:

It has occurred to me that your delay in settling your account may stem in part from the inconvenience of visiting my office to discuss the matter. If so, won't you phone me at my home this evening? The number is . . . . . I want to be helpful in any way I can.

Sincerely,

As the months pass, it may be advisable to get down to brass tacks. Here's one way to do it through an appeal to the patient's pride:

Dear Mr. Bell:

I don't want to lose you as a patient-nor, I imagine, do you want to impair your credit standing in the



MEDICAL ECONOMICS · MARCH 1955

#### DUNNING BY MAIL

community. Yet that's the situation we now face, in view of your continued inaction on your bill of [date].

I'm sure you realize that I, too, have monthly expenses to meet. These must be paid regularly out of patient billings. That's why prompt settlement of each patient's account is so important to the efficient operation of a doctor's office. The non-paying patient is, in effect, accepting the largesse of his neighbors.

I know that's not the reputation you want to acquire. Won't you come in for a talk with me about a part-payment or time-payment arrangement?

Yours truly,

Or you may want to call the patient's attention to his future needs for medical care:

Dear Mr. Bell:

If you or one of your family were suddenly taken ill, would you phone me? I hope so—and I would certainly answer the call. But it would be rather embarrassing for both of us, wouldn't it, after the way you have ignored my letters of recent months?

Won't you phone me now for a talk about your past-due account? Yours truly,

Later, a hint of the consequences may be in order:

Dear Mr. Bell:

Would you blame me if I turned

your unpaid account over to my torney?

For . . . . . months I haven't had a word from you on the matter, though I have written you on a average of once a month. Don't you owe me a phone call or a note of a planation?

Yours truly,

#### **Ultimatum Time**

If an ultimatum finally become necessary—and, of course, such thing do happen—you may want to imply that the decision is in the hands of a third party. For example:

Dear Mr. Bell:

My auditor now insists on turing your account over to an attorney. This will be done on [date], unless I hear from you before then. During the past year I have queried you meless than ..... times concerning this matter. Your continued refuse even to reply to my letters gives me no other choice.

Yours truly,

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### How to Save Taxes on Investment Income

Three different tax experts collaborated to produce this four-part article. It capsules the best ways to report your dividend income, your interest income, your rental income, your capital gains

#### Your Dividend Income

#### By Joseph F. McElligott

Did you share in the business boom of 1954? If so, you
probably received higher corporate dividends than during the year before. But you may not have to pay any
higher taxes on them—thanks to the new Internal Revenue Code.

Late last summer, Congress opened up two new ways to save taxes on dividend income. The first way is called a dividend exclusion:

This permits you to exclude from taxable income the first \$50 in dividends received during the year. If your wife owns stocks in her own name, she can avail herself of the same privilege.

On a joint return, therefore, the exclusion amounts to \$100—assuming each of you got at least \$50 in dividends during 1954.

Beyond this exclusion, all dividends must be counted

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THE AUTHOR is a medical management and tax consultant in New York.

FOR YOUR PATIENTS WITH

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In post-infection neuritis (following upper respiratory or virus infection), one ampul of Protamide daily for five days has been shown to produce complete recovery without relapse in 85% of patients when treatment was started during the first week of symptoms.\*

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The solution is straw colored with an adjusted pH of 5.9. It is virtually painless on administration and is used intramuscularly only.

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\*Smith, R. T., New York Med. 8:16, 1952.



staxable income. But there's another device for cutting taxes on them: the dividend credit. Here's how you figure it:

Take 4 per cent of the dividends included in your taxable income (not those excluded under the \$50 rule) and received after July 31, 1954 (not those received earlier). Then subtract this amount directly from the total tax you compute. That's your second saving.

Certain limitations apply to these two broad rules. But before taking up the finer points, let's see how the rules work at their simplest:

Take the case of a medical man we'll call Murchison, a well-established specialist, who over the past tenyears has acquired some \$30,000 worth of blue-chip stocks. His wife (with whom he files a joint return) recently inherited another \$20,000 worth. The corporate dividends they got last year came in as follows:

March								\$585
June								585
September								
December			*					650

So the Murchisons got \$2,450 in dividend income during 1954. Here's how they apply the two new taxsaving ideas to this total:

First, each of them invokes the \$50 exclusion. Their return therefore lists only \$2,350 as taxable income from dividends.

Then they take 4 per cent of \$1,280 (the dividends received after July 31) and reduce their total tax by

that amount. This is a direct tax saving of \$51.20, added to an indirect saving almost as large stemming from the dividend exclusion.

Now, what about the finer points? The ones most likely to affect you are these:

¶ There's a limit on the dollar savings you can take as a dividend credit. For 1954, this limit is 2 per cent of taxable income. The Murchisons' taxable income last year was \$20,085. So no matter how much their dividends might have totaled, they couldn't have taken more than \$401.70 (2 per cent of \$20,085) as a dividend credit. In future years, the limit will be 4 per cent.

¶ There's a limit on the types of dividends that qualify. Dividends from foreign corporations aren't eligible for the tax savings described here. Nor, in some cases, are dividends from domestic corporations that are liquidating. (Such dividends may represent a distribution of corporate assets, instead of just corporate profits. If that's the case, they should be treated as capital gains or losses.)

¶ There's special treatment prescribed for mutual fund dividends. These too may include some capital gains, which have to be handled separately on your tax return. If you got such dividends during 1954, the investment company must notify you what portion counts as capital gains and what portion counts as pure dividends.

¶ There's a special test prescribed

for vitamin-mineral protection essential throughout pregnancy..

## Just NATALINS Prenatal Vitamin-Mineral Capsules, Mead

Only 1 Natalins® capsule t.i.d. supplies all the vitamins and all the iron needed to supplement the diet of the normal pregnant woman... plus physiologic veal bone ash which supplies calcium and phosphorus in a ratio of 2:1, exactly as in human bone.

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Write for the booklet, "A Simplified Approach to Management of the Anemias of Pregnancy."

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.. each day creates an unnitting and critical need for ential nutrients if the pregncy is to be properly sup-

#### Smaller size

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easier to swallow . . . assures continued patient acceptance only 3 capsules daily for protection throughout pregnancy

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Vitamin A				9000 units
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Ascorbic acid	************			.100 mg.
Thiamine	********			3 mg.
Riboflavin	***********			4.5 mg.
Niacinamide	***********			30 mg.
Pyridoxine HCI				3 mg.
Calcium pantothenate				3 mg.
Vitamin Big (crystaliin	e)			1 mcg.
Folic acid	*************			1 mg.
Iron (from ferrous sulf	ate)			22 mg.
Veal bone ash to supp				
Calcium				
Phosphorus Bottles of	100 and 500 c	apsule	s.	.186 mg.

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Anemic patients appreciate the uncomplicated Natalins-T dosage of only 1 capsule t.i.d.

#### Only 3 small NATALINS-T capsules provide-

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plus protective amounts of	
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Vitamin D	
Ascorbic acid	
Thiamine	
Riboflavin	4.5 mg.
Niacinamide	30 mg.
Pyridoxine HCI	3 mg.
Calcium pantothenate	3 mg.
Vitamin Big	1 mcg.
Veal bone ash to supply:	
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Phosphorus	188 mg.

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1) Pemplins, W. T., in Lull & Kimbrough: Clinical Obstetrics, Philadelphia, Lippincott, 1953, p. 38, 211.

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- 6. Maximum convenience—only one dose q12h.



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for dividends paid in stock or stock rights. If you were given a choice -cash or stock-then the dividend must be reported as income at its market value. But if you were not given a choice, and if the stock dividend was declared after June 21, 1954, then you probably don't have to count it as income. (Note, however, that special rules apply to corporate reorganizations.)

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Some other so-called "dividends" don't count as income, either. These include the special dividends paid to veterans under National Service Life Insurance; the annual dividends credited to policyholders by any mutual life insurance company; and distributions on shares issued before March 28, 1942, by Federal Reserve banks. Don't make the mistake of treating any such receipts as taxable income.

And don't make the mistake of treating as "dividends" those receipts that are more in the nature of interest. Mutual savings banks, building and loan associations, and savings and loan associations may call their payments to you "divi-



"We hate to leave so soon, but Fred is all tuckered out. He handled eleven surgery eases today!"

MEDICAL ECONOMICS · MARCH 1955 201

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Tumor of the left hand.

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Grayzel, H. G., Heimer, C. B., and Grayzel, R. W.: New York St. J. M. 53-2233, 1953.
 Heimer, C. B., Grayzel, H. G., and Kramer, B.: Archives of Pediatrics 88-382, 1951.
 Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Ind. Med. & Surg. 18-512, 1943.
 Turell, R.: New York St. J. M. 50:2282, 1950.

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dends—but they're generally reportable as interest income. See the next article for details.

Ready to report your true dividends? Turn to page 4 of your Federal tax return (the new Form 1040) and itemize them on Schedule J. Directly underneath, work out your dividend exclusion and dividend credit. Then transfer the results to page 2 (Schedule A) and finally to page 1 (line 8A) of your return.

Sounds complicated, I know. But the twofold tax saving makes it worth the small trouble.

#### Your Interest Income

By John C. Post

• Interest income is probably the easiest of all to list on your Federal tax return. There's just one place to report it—on Schedule B, page 2, of the new Form 1040. And there's no complicated arithmetic to be done.

But just because the process is so simple, don't rush into reporting *all* your interest income. Some of it may be wholly tax-exempt.

This is true, for example, of any interest you got last year from the following major sources:

1. Bonds issued by a state, territory, possession, or political subdivision thereof. (Suppose you picked up some interest during 1954 on bonds backed by your school district, by the Port of New York Authority, and by the District of Columbia. None of this income need

be reported on your Federal tax return.)

2. Bonds issued by the U.S. Treasury before March 1, 1941, up to \$5,000 principal amount. (The income from such bonds is wholly tax-free within this limit.)

Some other types of interest are tax-exempt in part. Suppose, for example, you own more than \$5,000 worth of the U.S. Treasury bonds issued before March 1, 1941. Then the interest from the excess bonds, although reportable as income, is partially exempt from tax. (You can claim the partial exemption on page 3, line 11, of your return. It will lower your total tax by an amount equal to 3 per cent of the interest received during the year from the excess bonds.)

Speaking broadly, all other interest income is fully taxable. This includes any interest you received last year on bank deposits, corporate

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Monagement, Inc., Washington, D.C.

#### SAVE TAXES ON INVESTMENT INCOME

bonds, matured insurance, deferred legacies, home mortgages, savings and loan shares, building and loan shares, and Federal obligations issued on or after March 1, 1941. All of it must be reported on your Federal tax return.

But how you report it makes a difference. Here's the way to handle the trickiest types of taxable interest income:

Interest on U.S. savings bonds (Series E): These now earn interest ten years beyond maturity. If you've been reporting interest each year as it accumulates, you've got to keep on doing so (or get permission to change from the Commissioner of Internal Revenue). But if you

haven't been reporting such interest each year, don't start now. You can postpone taxes on it for twenty years —assuming the bond isn't cashed prematurely.

Interest on coupon bonds: This works the other way. You can't post-pone taxes on these bonds simply by failing to clip the coupons. The interest must be reported as income whenever the coupon becomes due and payable. It makes absolutely no difference how much later you actually cash it.

Interest on bonds with a tax-free covenant: Corporations issuing such bonds pay part of the income tax on the interest. If you hold any such bonds, find out from the corporation



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### 3-way attack on hypertension

'Mio-Pressin' is a carefully balanced combination of 3 antihypertensive agents -rauwolfia, protoveratrine, and Dibenzylinet. 'Mio-Pressin' is effective in the treatment of mild, moderate and severe hypertension.

In pre-introductory clinical trials covering 691 patients, 'Mio-Pressin' produced significant clinical improvement in 70% of patients. The investigators report that 'Mio-Pressin'-unlike other potent antihypertensives-produces a gradual lowering of blood pressure over a period of 3 to 4 weeks that allows the patient to adjust to his changed vascular status. Side effects are generally mild and often transitory.

#### 'Mio-Pressin' is available in two strengths:

'Mio-Pressin' (No. 1; half strength).

Each capsule contains:

Rauwolfia serp (whole root)	C-23		a ca								yed)
Protoveratrine										0.1	mg.
Dibenzylinet .				0				0		2.5	mg.
(phenoxybenzam	in	e h	vd	ro	chl	lori	ide	. S	. K	.F.)	-

'Mio-Pressin' (No. 2; standard strength).

Each capsule contains:

Rauwolfia serp (whole root)						mg. eqv. assayed)				
Protoveratrine										0.2 mg.
Dibenzylinet .		0					0			5 mg.
(phenoxybenzam	in	e h	yd	lro	chi	lor	ide	, 5	i.k	(.F.)

To obtain best results with 'Mio-Pressin', it is of utmost importance to read carefully the Administration and Dosage suggestions in the 'Mio-Pressin' literature.

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- ...prevent and control secondary bacterial infections
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## ILLIN-200

In a single convenient tablet, A-P-Cillin-200 combines three widely prescribed therapeutic agents for management of acute upper respiratory infections.

Each A-P-Cillin-200 tablet contains:

- ANTIHISTAMINE—for local symptomatic relief, particularly from profuse nasal discharge.

  Diphenylpyraline hydrochloride . . . . . . . . . . . . 2 mg.

Recommended adult dosage is 1 tablet four times a day, continued for at least three days. Tablets should be taken at least one hour before or two hours after meals.

Supplied in bottles of 24 and 100 tablets.

Also available:

 A-P-CILLIN (100)
 2½ gr.

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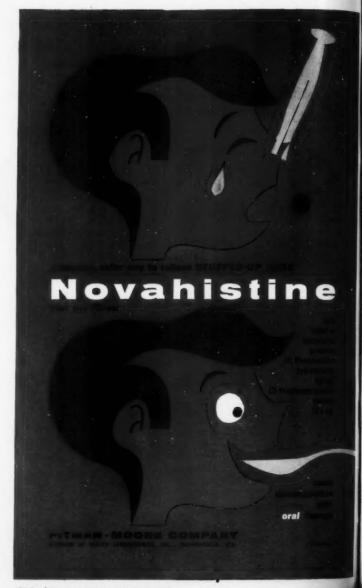
 Phenacetin
 2 gr.

 Caffeine
 ½ gr.

 Phenyltoloxamine dihydrogen citrate
 25 mg.

 Procaine penicillin G
 100,000 units

 Supplied in bottles of 50 and 500 tablets.



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eactly how much tax they have paid. You can get credit for this amount on page 3, line 10, of your return.

Interest on bonds bought "flat" bring default: If you've bought a bond on which the interest is in arears, you probably paid a price that reflected it. So when the interest is finally paid, you don't report it as income; it's simply a return of capital. But you'd better bear this in mind: The interest that accrues after the purchase date becomes reportable income as soon as you receive it.

Interest on mortgages paid in adance: If you hold a mortgage on a man's home, and if in 1954 he paid up for three years in advance, you have to report three years' worth of interest income on the tax return you file this spring. This *could* push you into a higher tax bracket. The obvious moral: It's often better not to accept such advance payments of interest.

Interest on Federal tax refunds: Yes, even this interest is taxable when received. If Uncle Sam sends you back some of the money you sent him, he encloses 6 per cent interest (that is, unless he settles the matter within forty-five days). This gain is reportable on your next tax return. Better report it, because it's child's play for Treasury investigators to check.

#### **Your Rental Income**

By G. A. Donohue

• Do you rent out rooms upstairs over your office? Or do you own name near-by property that you've based out for business purposes? Or do you have a summer home that you occasionally rent?

If you're a part-time landlord on any such basis, you may find relief from your headaches on Schedule Fof your Federal income tax return. Here's where you get credit for the money you've spent maintaining the rented-out property. These days, it's about the only credit that most landlords get.

Before reviewing the money you've spent, let's consider the money you've received. What constitutes reportable rental income? Just about everything your tenant pays you—and then some.

Suppose that last year, for example, you had an arrangement whereby your tenant paid you only \$50 a month rent; but in addition he

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hough skeletal muscle pain-spasm often engenders see indary smooth muscle spasm, no single antispasmodic preferration free of belladonna, barbiturates or amplituding has heretofore been formulated to treat both types of spasm. In this respect, Expasmus is unique as it combines the smooth muscle relaxant, dibenzyl succinate and the skeletal muscle relaxant, mephenesin with the powerful analgesic, salicylamide to provide safe, fast-acting and comprehensive therapy.

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set \$50 a month to your bank as payment on the mortgage. The full \$100 a month must be reported as income.

Suppose the tenant shouldered some of your taxes, insurance, or operating costs. These, too, count as indirect rental payments to you. They're reportable.

Or suppose last year's tenant paid you some of this year's rent in advance—or even a flat bonus for breaking his lease. You've guessed at The money must be listed on your tax return.

So much for the bad news. Now for the deductions you're allowed. These are liberal enough to make the difference—in many cases—between profit and no profit on your investment in rental property.

On your tax return (the new Form 1040) you list these deductions under three headings: Depreciation, Repairs, and Other Expenses. Let's see what can go under each one:

I. DEPRECIATION. If you rent out a detached dwelling by the year, figuring the depreciation is simple. Just take the original cost, divide by the dwelling's estimated useful life in years, and deduct the result as depreciation every year. If only part of a dwelling is rented out, or if it's rented for only part of a year, the allowable deduction is reduced proportionately.

\*Alternate methods of computing depreciation, as described in "How to Figure Depreciation Under the New Tax Law" (October, 1954, MEDICAL ECONOMICS), can be applied only to assets purchased new since the start of 1954. Besides depreciation on the building itself, you're entitled to depreciation on any furniture or equipment you furnish the tenant. The same goes for "major improvements"—the addition of a new wing, the replacement of a roof, a change in the heating plant, or any similar major work. Pro-rate the cost over the life of the property, and deduct only the allowable portion each year.

2. Repairs. What you pay for "incidental repairs" on rental property doesn't have to be pro-rated over its life; you can deduct the full amount on your next tax return. This applies to your outlays for painting, papering, plastering, plumbing, and all carpentry that cannot be classed as major improvements.

Where do you draw the line between "repairs" and "major improvements"? Even the Treasury Department seems to have trouble deciding. The replacement of a small part of the plumbing system, for example, would probably be considered a repair; the replacement of a large part would be viewed as a major improvement.

The test is whether the work adds to your rental property's value or useful life. If it doesn't, it's a repair. And that means it's fully deductible in a lump sum.

3. OTHER EXPENSES. There's plenty of room for additional tax savings here. For example, you can deduct *utility costs*—the amounts you paid last year for gas, electricity, water, telephone, heat, and any

other conveniences you provided under the rental agreement.

You can deduct salaries paid to janitors, custodians, or caretakers of rental property. You can deduct rental commissions charged by realestate people.

And, finally, you can deduct insurance, interest, and tax costs incurred in maintaining the rental property. (The only exception: special assessments for things that increase the value of your property, such as new streets, new sidewall, or new sewers.)

After subtracting all these items from rental income, you may find that there's little left to be taxed. You may even find that you're apporting a net loss. If so, your other taxable income can be reduced by the amount of the loss.

"Nobody's nice to the landlord," they say, "except Uncle Sam!" zw

#### Your Capital Gains

By Joseph F. McElligott

• The Treasury Department puts out an official booklet, "Your Federal Income Tax," that tells you exactly how to report your capital gains. The trouble is, this explanation fills twenty-one pages of fine print.

For most doctors, fortunately, the problem isn't that complicated. If you remember a few basic principles, you can breeze through this part of your tax return in a lot less time than you might assume at first. Begin by thinking in terms of these key questions:

Do you have any capital gains or losses to report? If some of your surplus funds have been invested in stocks, bonds, land, or buildings—and if any of these assets were sold during 1954—then you're required

to fill out Schedule D, a separate sheet that accompanies your Federal tax return.

Do you know how to figure the amount of your gains or loues? With stocks or bonds, you generally compare the price you paid when you bought them with the price you got when you sold them. In the case of real property, you must also take into account any capital improvements or allowable depreciation. (You start with your purchase price, add the cost of improvements, subtract the allowed depreciation, then compare the result with your selling price.)

Do you remember the difference between "short-term" and "longterm" gains or losses? If you owned an asset no more than six mouths

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#### SAVE TAXES ON INVESTMENT INCOME

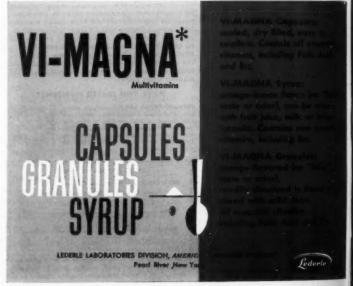
before selling it, the resulting profit or loss is considered short-term. If you held the asset more than six months, the gain or loss is longterm. This difference becomes important when you consider the next question:

Do you remember how capital gains are taxed? Long-term gains are taxed, in effect, at half the rates that apply to ordinary income, with a maximum rate of 25 per cent. But short-term gains don't qualify for this tax-saving privilege. They're taxed at the same rates as ordinary income, with a maximum rate of 91 per cent.

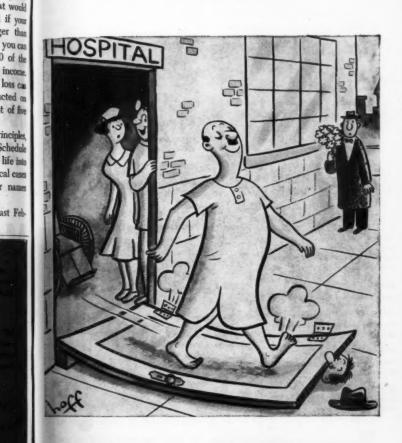
Do you know how to handle capital losses? It doesn't make too much difference whether these losses are short-term or long-term; they can be used to "offset" gains that would otherwise be taxable. And if your capital losses bulked larger than your capital gains last year, you can deduct as much as \$1,000 of the net loss from your ordinary incore. (Beyond \$1,000, your net loss can be carried over and deducted on future returns, up to a limit of fire years.)

Knowing these few principle, you can make sense out of Schedule D. But let's breathe a little life into it by considering some typical cases—naturally, with all proper names disguised.

First, Dr. Abernathy: Last Feb-



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Polysal, a single I.V. solution to build electrolyte balance, is recommended for electrolyte and fluid replacement in all medical, surgical and pediatric patients.

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nary, the doctor bought 300 shares of Canadian Capsule. He'd heard from a friend in the investment business that its prospects looked good. But by July the stock's price had sagged alarmingly; so Dr. Abernathy sold out—at a loss of \$1,350. This was his only asset sale of the year.

Here's how it affects Dr. Abernathy's current tax return:

Profit from profession and other ordinary income . . \$18,500 Short-term capital loss

(limited to \$1,000)  $\dots$  1,000 Adjusted gross income  $\dots$  \$17,500

Carry-over of loss . . . . . . \$ 350

This \$350 carry-over—the portion of his capital loss that couldn't be deducted on this year's return—can be used to offset capital gains reported on next year's return. If there are no capital gains then, it can be deducted from ordinary income.

Now let's consider the case of Dr. Bemhard, who had somewhat better luck during 1954. He sold 250 shares of Upstart Uranium that his father had given him five years earlier. Comparing his own selling price with the price his father had paid for the stock, he discovered that he had a capital gain of \$3,200

\*That's how you compute capital gains on gibs when they're sold: You compare your soling price with the price originally paid by the giver. Capital losses on gifts are sometimes computed differently: You compare your selling price with the asset's fair market value at the time it was given to you (provided this later figure is lower than the price the giver mid). to report. Here's how it looks on his tax return:

Profit from profession and other ordinary income. .\$21,000 Long-term capital gain (only 50% included) ... 1,600 Adjusted gross income ... \$22,600

Note that half Dr. Bernhard's long-term capital gain (the 50 per cent excluded) thus becomes tax-free. This would *not* be the case with a short-term gain. If he'd made his \$3,200 profit on the sale of stock held exactly six months, the entire amount would be taxable as ordinary income.

To see what happens when both capital gains and capital losses are reported, take the case of Dr. Chenoweth. In 1954, he sold some assets to raise cash for a new medical



"Pregnant?"

MEDICAL ECONOMICS · MARCH 1955 219



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In another series, Bonadoxin abolished vomiting in 40 of 41 gravida, eliminated nausea in 30 of the 41.2

Each Bonadoxin tablet contains:

Meclizine HCl . . . . 25 mg. Pyridoxine HCl . . . 50 mg.

Mild cases: One Bonadoxin tablet at bedtime. Severe cases: One at bedtime and on arising. In bottles of 25, prescription only.

1. Weinberg, Arthur, and Werner, W. E. E. Bonadexin, a New Effective Oral Therapy for Hyperemesis Gravidarum, New York Medical College and Rockaway Beach Hospital, 1954 2. Personal communication.



CHICAGO 11, ILLINOIS

\*TRADERAGE

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building. More specifically:

He turned a profit of \$3,500 by selling some woodland acreage that he'd bought ten years ago. He sustained a stock loss of \$1,500 by selling 100 shares of Galway Gold Mines, left to him by his mother at her death five months earlier.\*

Meanwhile, his wife (with whom Dr. Chenoweth files a joint return) reaped a profit of \$1,000 by selling fity shares of Midstream Mining that she'd bought as a speculation just two months earlier.

The box score? It looks like this:

Short-term sales . . . \$1,000 \$1,500 Long-term sale . . . 3,500 None

Following the procedure indicated on their tax return, the Chenoweths combine their short-term items and record a net short-term capital loss of \$500. Then they reduce their long-term gain (\$3,500) by this amount.

The result-\$3,000-appears on their tax return at half-value. Thus:

Profit from profession and

other ordinary income . . \$26,500 Long-term capital gain

(only 50% included) ... 1,500
Adjusted gross income ... \$28,000

If the Chenoweths' adjusted gross income had been up around \$40,000, it would have been worth

"With assets that are bequeathed to you sed then sold, you compare your selling price with the fair market value at the time of the decedent's death (or one year thereafter, if the executor so elects).

their while to use an alternate method of computation, which is described on Schedule D. You don't have to know the details. Just remember that it's a way of limiting the top tax rate on capital gains to 25 per cent. (Using the regular method, the top tax rate rises above 25 per cent when taxable income on a joint return exceeds \$36,000.)

Those, then, are the fundamentals. Once you've mastered them, you can get through the capital gains section of your tax return without too much strain. But the answers to a few more questions may help you along the way:

How are mutual fund gains handled? If you own shares in a regulated investment company, your proceeds may include capital gains. These should be designated by the company, in writing, as "capital gains dividends." When you receive proceeds so designated, treat them as long-term capital gains.

What about worthless securities? Deduct for them as a capital loss in the year they became worthless. (You can go back seven years to correct past tax returns on this score.) But since worthlessness is sometimes hard to prove, it's best to sell the securities for whatever you can get. That fixes the exact time and amount of your loss.

What capital losses are nondeductible? Any losses sustained on the sale of personal assets—your household furnishings, your wife's jewelry, your pleasure boat. You

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#### SAVE TAXES ON INVESTMENT INCOME

didn't invest in such assets for profit or for professional reasons; so what you lose when you sell them cannot be deducted. On the other hand, capital gains stemming from such sales must be reported.

What capital gains are nonreportable? Any profit you made last year on the sale of your principal residence (if, within one year before or after the sale, you purchased and occupied another residence costing at least as much as the "adjusted sales price" of your old residence).

The terms used here are tricky. In fact, if you engaged in such a transaction during 1954, you probably need personal tax guidance.

But it may help you to know that "adjusted sales price" means gross selling price less sales commissions and redecorating costs (provided the redecorating is done in the ninety-day period ending on the date of sale, and paid for within thirty days thereafter).

There's nothing tricky, however, about the tax-saving tips you can apply to future asset transactions. Paste these three suggestions in your book for 1955:

 Try to postpone taking profits until they qualify as long-term gains.
 If you sell an asset within six months of buying it, you'll pay at least twice as much in taxes.

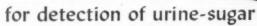
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\*Barach, J. H.; Duncan, G. G.; Joslin, E. P., and Root, H. F.: Diabetes Mellitus, in Conn, H. F.: Current Therapy 1954, W. B. Saunders Company, Philadelphia, 1954, p. 368.

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This light, free-spreading baby oil penetrates and cleanses better than soap. It's safer, too. Contains no harsh alkali. Can't irritate or "dry" infant epidermis as soaps so often do. Eliminates friction because it needs no harsh rubbing.

Mennen Baby Oil is made specifically for cleaning
... especially the diaper area. It's non-greasy, can't
stain, contains lanolin. In a non-slip, safety-grip bottle.

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term gains until you have a loss (either long- or short-term) with which to wash them out. You can then collect your profits wholly free of tax. 3. Don't try to postpone taking losses; some are inevitable anyway. And they can reduce your taxes any year—perhaps even every year for the next five.

## Real Physician—or Plain M.D.?

Some challenging commentary from the pen of Dr. Alan Gregg, vice president of the Rockefeller Foundation

• What this country needs is not a good 5-cent cigar but more medical men patterned after the ideal prototype.

And what are the characteristics of that prototype? Among other things: an open mind, a burning desire to learn, and—above all—a truly creative imagination.

Dr. Alan Gregg, from whom these thoughts derive, goes further:

The "real M.D.," he says, looks for "new relationships" in everything he does. And if he finds them, he tries to rearrange them into new patterns.

But what must an M.D. do to stay in the path of "realness"? Not long ago, Dr Gregg answered that question in a speech before the University of Texas Medical Branch. Here—condensed—are some provocative excerpts from that speech:

"The chief hindrance to creativeness is the lack of convictions big enough and deep enough to give a lasting pattern to your professional life. Don't plan your future like a pontoon bridge, each petty span no longer than its predecessor.

"Decide upon fewer arches and bigger ones. Prefer

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#### AT LAST

#### the ANSWER

to the chronic appetite problem

Critically essential 1-lysine in

#### LACTOFORT

makes it the first truly complete pe

For dramatic stimulation of appetite.

Rapid weight gain.

Improved protein utilization.

In infants and young children with loss of appetite, delayed growth and suboptimal nutrition.

#### LACTOFORT

Provides I-lysine, the critically essential amino acid now known to be relatively inadequate in milk and other commonly used pediatric foods'--

Plus escential multiple vitamins, iron and calcium'-

In powder form—readily and completely dissolves in milk and milk formulas without affecting taste, odor or color.

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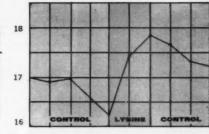
Hanliwarth, New Jersey

#### ATYPICAL CASE RESPONSE

olem

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(Carol, age 13 months . . . 5 pounds underweight)



206 247 100 167 272 207 200 277 221

#### WEEKLY PROTEIN INTAKE (grams)

Chart shows marked effect of supplemental lysine on body weight and blood proteins of underweight child, who because of aversion to solid foods was fed milk formula reinforced with milk protein preparations. Adequate amounts of multiple vitamins (including vitamin B<sub>II</sub>) were administered during both control and lysine-supplement periods. High protein and high caloric diet was without effect except for reducing appetite of the child. It was only when supplemental lysine was added to this diet that prompt appetite improvement and better utilization of dietary protein occurred. When lysine supplementation was discontinued, nutritional regression occurred.

#### plet pediatric nutritive supplement

Lactofort is indicated for use in the nutritional management of pediatric patients with poor appetite and subnormal body weight due to a variety of causes such as in the premature infant - gastrointestinal disturbances • infection • allergy and other factors that lead to chronic impairment of food intake, absorption or utilization.

#### LACTOFORT

- · adarless
- a tasteless
- readily soluble in
- whole milk or formula

  stable potency—unaffected
  even by terminal



#### sterilization

I to 2 Lactsfort measuring spoonfuls daily depending on weight. A special Lactsfort measuring spoon accompanies each builtle. Available in ,46 Cm, builties containing 40 level measuring spoonfuls.

#### FORMULA

Each 2.3 Gm. White's LACTOFORT (approximately two level measures) provide

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(from I-ly	900		mi	M	畹	yd	rae	chi	be	10	e)	500	mg.
Vitamin A a	ce	tal	le									3750 U.S.P.	units
Vitamin D												1000 U.S.P.	units
Thiamine n	100	81	ú	rei	la							0.75	mg.
Riboflavin													mg.
Niscinamid													mg.
Vitamin B <sub>11</sub>													mcg.
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Pyridoxine :	byt	ĺn	ıd	ú	ei.	de						0.75	mg.
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Iron (olomo													
ammoniu		cil	ra	le	8	100	e)					2.5	ms
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#### BIBLIOGRAPHY

- Albaneze, A. A., Higgons, R. A., Hydr, G. M. and Orto, L.. Biochemical and Nutritional effects of Lyaine Reinforced Diets, Am. J. Clin. Nutrition Vol. 8, (Mar.-Apr.) 1955
- 2. Food and Nutrition Board, National Research Council. Publ. \$392.
  Recommended Distary Allowances Revised 1953, Washington, D. C.

the longer span—the larger symmetry. Keep in mind a symphony: don't be tied to the tiresome reiterations of a popular tune...

"The greatest doctors I have known have shown serenity, a serenity that comes only from clear purposes and a firm reliance upon their tenacity to accomplish them. I venture to call your attention to this characteristic of serenity. It comes from a steadiness of conviction, not from frenetic assertions or impassioned credos . . .

"Learn to avoid overthinking everything you do—but none the less remember that unless you have some steady pattern to your existence, it will be hard to avoid what [Edith] Wharton, the author, neatly calls 'getting into the thick of thin things.'

#### You Can Be Wrong

"And strong as your opinions may sometimes be, it may pay you to keep in mind Oliver Cromwell's advice to his zealots: 'Gentlemen, I beseech you by the bowels of Christ to remember for just one moment that you may be wrong.' . . .

"Since doctors so often live by patients' confidence, and confidence is the natural child of prestige, the besetting sins of many a doctor become prestige hunting, professional jealousy, and nursing self-pity. Watch out for these, keeping in mind the mellow Chinese proverb that observes: 'Great men never feel great; small men never feel small.'...

"At the bedside of disease, [re-

member that] patients do not wand do not need to be attended be mere Quiz Kids-persons as mire ulous mentally as they are immahin every other way...

#### Horse Sense

"[Keep in mind] that the work of the world, like the work of the hear goes on by means of diastole as we as systole; that enough is enough that a sense of humor and propotion has its uses as well as being pefectly delightful; and that 'goo horse sense is the sense that how have, never to bet on human bings."

"But the greatest aid in creating yourself may come from the art of criticizing yourself. The best [medical] school is that whose [graduates] not only [know] how to criticize themselves, but succeed in holding to themselves the magic mirror of humility incessantly, forever interested in learning.

"Learning from whom? Learning from every possible discipline and source. Never underestimate you need for the company and the companionship of men who want to learn. And, above all, have the grace to admit that you can learn.

"Charles Darwin once observed that in his experience men differed more in the degree to which they used their abilities than in the sum total of their abilities. There lies the path to a creative life: using all that you have, and thus getting still more to utilize and glory in."



#### from pain to productivity

Acetycol brings quick and effective relief to the patient suffering from arthritis, osteoarthritis, acute or chronic gout, and related rheumatoid disorders. As Acetycol increases the range of pain-free movement, the patient is able to resume a more normal, satisfying and productive life.

The prompt, sustained effect of Acetycol is due to a synergism between aspirin and para-aminobenzoic acid. High salicylate blood levels are attained with relatively low dosage. The addition of salicylated colchicine extends the effectiveness of Acetycol to gout or

cases of a gouty nature.

Acetycol contains three important vitamins often deficient in older and rheumatic patients: these are ascorbic acid for prevention of degenerative changes in connective tissues; and thiamine and niacin for carbohydrate utilization and relief of joint pain and edema.

Each Acetycol tablet contains:

Aspirin	325.0 mg.
Para-aminobenzoic acid	162.0 mg.
Colchicine, salicylated	0.25 mg.
Ascorbic acid	20.0 mg.
Thiamine hydrochloride	5.0 mg.
Niacin	15.0 mg.
Supplied: Bottles of 100 and 500.	

## Acetycol

to relieve rheumatic pain

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recommended particularly for the Hypertensine

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who can and must "stay on the job"



#### FACH TABLET CONTAINS.

Average Desage: 1 tablet q. i.d. New Supplied: Brown scored tablets in bottles of 100 and 1000.

"The STABILIZED form of Mannitol Hexanitrate pioneered by Strasenburgh research

#### MAXITATE

with RAUWOLFIA

orally effective in moderate to severe Hypertension

hypotensive effect—gradual, safe, distinctive.

tranquility—without drowsiness.

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pulse rate is slowed, easing strain on hearf.
well-tolerated for months.

symptomatic improvement—often dramatic.

Available on prescription at all leading pharmacies. Samples and literature on request.



## How to Invite A Malpractice Suit

Begging for trouble? You can get it by keeping poor records, giving vague advice, or following any other of these easy roads to the courthouse

#### By Harold Raveson, LL.B.

• Statistically speaking, it's twenty to one you won't be sued for malpractice this year. But with some 5,000 cases tried annually (and thousands more settled out of court), every doctor must face the fact that it may be his turn next.

Oddly enough, many a suit is filed practically at the physician's invitation. Here are eleven easy ways to get yourself a summons:

INVITATION #1: Don't bother to get proper consent.

Radical procedures on children, on confused elderly people, and on others who might, in the legal sense, be considered "incompetent" are a prime malpractice trap. The psychiatrist performing shock therapy, for instance, must not only have consent but be prepared to show that the patient knew what he was doing when he gave consent.

Children are a particularly common source of litigation. Take the Texas physician who removed the adenoids of a 10-year-old boy on the go-ahead of his grown-up sister. Result? A successful suit for personal trespass on the youngster, brought by the parents.

Or consider the doctor who performed an autopsy on

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"... The Most Effective of All Antihistamines ..." In the Most Effective Dosage Form

#### Effectiveness & Safety

Teldrin' Spansule capsules contain chlorprophenpyridamine maleate -"... the most effective of all antihistamines . . . the highest degree of safety . . . "1 The potency and "very low toxicity" of this antihistamine have been proved in numerous clinical investigations,

#### Convenience—one dose a day

'Teldrin' Spansule capsules are "... the best method available for antihistamine medication."2 Their superiority is due to . . their long action, which eliminates the need for frequent doses throughout the day."3 (Just one 'Teldrin' Spansule capsule q12h provides 24-hour relief.)

for continuous, sustained relief of allergic disorders



#### Teldrin chlorprophenpyridamine maleate

8 mg. 12 mg. Spansule $^{\star}$ brand of sustained release capsules

Margolin, S., and Tislow, R.: Ann. Allergy 8:515.
 Rogers, H.L.: Ann. Allergy 12:266.
 Mulligan, R.M.: J. Allergy 25:358.

made only by Smith, Kline & French Laboratories, Philadelphia the originators of sustained release oral medication

\*T.M. Reg. U.S. Pat. Off.

Patent Applied For

a child with the say-so of its father, normally the best source of consent. Result? The mother won damages because the couple, it turned out, were separated and she had legal custody of the child.

A frequent consent poser arises when a surgeon must depart from an agreed operation. An Oklahoma physician told a patient he had to make an incision in the foot to drain out pus. Once started, hefound an infected sesamoid bone over the tendon. In line with sound surgical practice, he removed the bone-thus exceeding consent.

Had he obtained permission to do "whatever was in the best interests of the patient," he'd have been in the clear. As it was, he paid-despite expert court testimony that he could not possibly have drained the infection without removing the sesamoid bone. The point was, of course, that he had removed an organeven though a useless one-without the patient's consent.

With an unconscious and unidentifiable patient, the physician may do whatever is necessary to preserve health or life. Under these circumstances, consent is implied. In all



"It's been over five years since I treated your wife's mother, Mason, so how's about laying off that 'witch-doctor' routine?"

MEDICAL ECONOMICS MARCH 1955 233

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Shedding a new light on the flashlight problem!

## essiona FLASHLIG

Here at last is a pocket flashlight exclusively designed for medical use and made with the same care and quality standards as all Welch Allyn instruments.

If you have ever cursed the idiosyncrasies of ordinary mass production flashlights, you will want to see and try this professionalcalibre instrument. We believe that no pocket flashlight on the market today can remotely compare with it for quality of construction or clarity of projected light.

Ask to see the Welch Allyn "Professional" at your surgical supply dealer now. \$5.00.

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- 3 Heavy, one piece, spring steel clip won't "lose its grip" even after years of use.
- 4 Welch Allyn chrome plate and contrasting green vinyl keeps its brilliant good looks indefinitely.
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- 6 Hand made diagnostic instrument lamp (Welch Allyn No. 3) gives clear, brilliant pencil of light with minimum trace of disturbing shadows found in ordinary flashlights. Lamp is held by rubber collar - no screw threading.



Welch Allyn, Inc., Skaneateles Falls, N.Y.

other cases, get broad and clear consent-preferably in writing. If the patient is a minor or an incompetent, get the consent from his legal guardian.

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#### The Written Word

Invitation #2: Keep careless records.

A patient was burned by a lotion when he applied it full-strength instead of diluted with water. The doctor said he'd told the patient to dilute the lotion; the patient denied it. The doctor had dispensed the preparation himself, so he had no prescription blank to support him. But his office records clearly indicated that he had given such instructions. They saved him a trip to court.

Well-kept records can counter all sorts of malpractice claims. Suppose, for example, a patient is urged to return for further treatment, but fails to show. Later he relapses, then claims malpractice. If the doctor can prove he warned against interruption of therapy, the plaintiff has no case. Adequate evidence would be a carbon of a letter reminding the patient of the need for follow-up care.

Sometimes a suit turns on dates of treatment—particularly where the doctor is pleading immunity under the statute of limitations. Detailed office records will generally prevail over a patient's recollections.

Good records have still further professional value: In a malpractice action, office documents often go before the jury as exhibits. Slovenly records do not necessarily mean a slovenly doctor—but a jury is apt to think so.

INVITATION #3: Be vague about instructions.

"Of course you know how to make a turpentine stupe," says the doctor—or "how to prepare a mustard plaster" or "set up a vaporizer." Sometimes a physician will even advise medication "whenever the pain comes on," with no explanation of correct quantities and timing.

#### Being Explicit

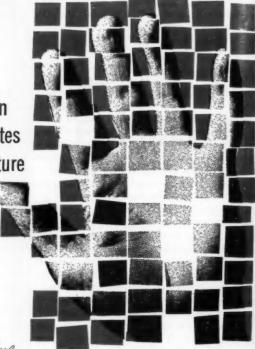
A Wisconsin jury brought in a verdict against a practitioner who'd told a patient to "remove the ointment when it burned." Unfortunately, the M.D. had neglected to make clear how strong the burning sensation should be, or just how the patient was to get the ointment off.

Failure to tell what side-effects to expect from medication is another way to wind up before the judge. A Michigan physician gave an alcohol injection to relieve a patient's sciatica. The procedure was highly successful, stopping all pain. But it also stopped all power in the leg for a time.

The patient became frightened and summoned another doctor. Later he demanded damages of the first M.D. for his additional medical expenses as well as for his mental anguish when he thought himself paralyzed.

MEDICAL ECONOMICS . MARCH 1955 23.

When infection complicates the picture



Exclusive

## Terra-Cortril

also available:

Certril Topical
Ointment
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#### a clear-cut therapeutic answer

provides coordinated anti-infective, anti-inflammatory action quickly resolving inflammatory conditions in which infection is actual, suspected, or anticipated.

supplied: in ½-ounce tubes, containing 3% Terramycin® (oxytetracycline hydrochloride) and 1% Cortril® (hydrocortisone, free alcohol) in an easily applied ointment base.

\*brand of oxytetracycline and hydrocortisons



PFIZER LABORATORIES, Brooklyn 6, New York Division, Chas. Pfizer & Co., Inc. The judge told the jury it could bring an award against the defendant "even though the treatment was proper and careful, if the physician did not advise the patient in advance of the probable consequences of the injection." The jury followed the judge's advice.

#### Cover When Absent

Invitation #4: When you go out of town, let the patient find himself another physician.

A Kentucky doctor performed a tonsillectomy early one morning. He sent the patient home that afternoon. Then he left on a brief holiday, neglecting to name a locum tenens.

When the patient began to bleed, the family spent a frantic half-day trying to locate the surgeon or to find out who was taking his calls. Outcome: a malpractice suit based on the physician's failure to provide a substitute, and a court judgment of culpable negligence.

INVITATION #5: If you take a dislike to a case, drop it then and there.

The courts have a harsh word for this; they call it "abandonment." True, you don't have to accept a patient at all. But once you do, you cannot absolve yourself of responsibility without (a) giving the patient enough time to find another practitioner and (b) furnishing the necessary medical care in the interim.

Invitation #6: Mind your own business, and let your assistants mind theirs.

The catch: Their business is your business. A nurse, assistant, technician, or other office employe is legally the doctor's agent. If the assistant is negligent, the patient can sue the assistant or the physician—or both. Since the M.D. usually has more money, he's the likely target.

Most malpractice policies cover the doctor for suits based on employes' negligence. But it's a good idea to check your policy for this clause at each renewal date.

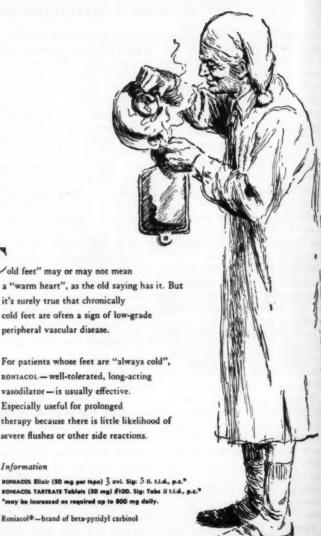
If a nurse in a doctor's office gives an injection improperly, the physician is liable. In hospital practice, it must be determined whether the nurse is the agent of the doctor or of the hospital. If the latter, the physician will not be held responsible unless the nurse or other assistant acted directly on the doctor's orders or under his direct control.

#### **Doctor Gets Blamed**

For instance, a hospital patient's back had been strapped, but the attending physician decided to apply a cast. He instructed a nurse to remove the adhesive. Using a fluid softener, she peeled it off while he stood by.

Later, the patient complained of severe pain. The cast was removed; and burns were found, traceable to the caustic softener.

"It was the duty of this physician," said the Court, "to see that every act under his supervision was properly performed. The nurse was under the immediate control of the



peripheral vascular disease. For patients whose feet are "always cold", RONIACOL - well-tolerated, long-acting

vasodilator - is usually effective. Especially useful for prolonged therapy because there is little likelihood of severe flushes or other side reactions.

#### R Information

ROMACOL Elixir (50 mg per tapa) 3 xvi. Sig: 5 il. t.i.d., p.c.\* ROMACOL TARTRATE Tablets (50 mg) #100. Sig: Tabe il t.i.d., p.e.\* "may be increased as required up to 800 mg daily.

Roniacol®-brand of beta-pyridyl carbinol

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physician, notwithstanding the fact that she was a hospital employe. Judgment against the defendant is affirmed."

#### Rx by Phone

INVITATION #7: Make a habit of prescribing by telephone.

When the weather is bad and the distraught mother asks for something for her baby's earache, it's tempting to suggest some harmless local medication by phone. But don't overlook your liability: The mother may misunderstand instructions, use the wrong preparation, or push it into the ear on a swab.

Telephoned instructions or prescriptions are *always* potential malpractice bait. Consider what happened to this Vermonter:

A woman called to say her child's scalp was covered with mosquito bites. The M.D. phoned a druggist and asked him to send her some mild chloride of mercury. The druggist understood him to say "bichloride" of mercury. Since he had no written Rx, he didn't know the age of the patient; and the label, he was told, was to be simply: "Use as directed."

In the resulting court melee the jury fixed the blame wholly on the physician.

#### **Collection Dangers**

Invitation #8: Fail to discriminate when applying collection pressure.

One type of deadbeat, pressed for

payment of a medical bill, likes to allege that the case was bungled and to hint darkly at malpractice action. This, of course, is supposed to frighten off further collection efforts.

The doctor who refuses to be frightened must be prepared to see the cornered patient carry out his threat. While most such cases are disposed of before they reach the docket, the M.D. may have an uneasy few months sweating out a settlement.

In this game, however, time is on the side of the doctor. The statute of limitations governing malpractice suits is usually shorter than the time on collection suits. If, for example, the periods are two years and six years respectively, the patient must start action within two years of the last treatment; but the doctor can sue for payment any time within six years. So the physician who plans legal recourse on an unpaid bill may sometimes be wise to await expiration of the statutory period for malpractice action.

#### Careless Talk

Invitation #9: Whistle when you see the scar.

Some doctors open themselves to litigation through their own unguarded remarks or reactions. For example, palpating an abdomen: "Too bad I couldn't have gotten here a couple of hours sooner"; or,

<sup>o</sup>If the patient is a minor, the limitation period usually does not begin until he's twenty-one.

MEDICAL ECONOMICS · MARCH 1955 239

#### a complete B complex formula derived from pure beef liver

Every B-complex factor, including  $B_{12}$  and Folic Acid, is contained in LEDERPLEX Liquid. This well-tolerated preparation is derived from pure beef liver, the best natural source of the B vitamins and those unidentified factors of nutritional importance. A natural orange flavor is added for palatability.

Dosage: As a dietary supplement, the usual dose of LEDERPLEX Liquid is 1 or 2 teaspoonfuls daily. For treatment, dosage should be increased and fortified with those specific vitamins found lacking.

Each teaspoonful (4 cc.) of LEDERPLEX Liquid contains:

Thiamine HCI (B<sub>1</sub>)...2 mg.
Riboflavin (B<sub>2</sub>)...2 mg.
Niacinamide...10 mg.
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Pantothenic Acid ... 2 mg.

Choline... 20 mg.
Folic Acid... 0.2 mg.
Inositol... 10 mg.
Soluble Liver Fraction... 470 mg.
Vitamin B<sub>18</sub>... 5 micrograms

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY Pearl River, New York



of liver

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EX ould be king.

New York

Lederle

probing for a splinter: "Oops . . . clumsy of me!"

Or the physician may issue his invitation for a suit via the mail: His letter of righteous indignation, in reply to a patient's accusations, merely plays into the hands of the latter's attorney.

One doctor received this letter: "I certainly won't pay your bill. Ever since you stuck that needle in my spine, I've had terrible headache with palsies up and down the legs."

The M.D. hastened to reply that the spinal tap had nothing to do with these symptoms; that he'd taken care to sterilize the injection site with alcohol; that he'd done a dozen spinal taps and never yet had had an infection; and that if the patient had a headache, it was because she didn't remain in bed for twenty-four hours after the lumbar puncture.

#### **Words Are Twisted**

When the complaint was filed, the doctor was flabbergasted to see such allegations as: "He sterilized the skin only with alcohol, instead of using tincture of iodine . . . he was inexperienced in this procedure, having done only twelve taps in his entire career . . . he was negligent, in that he failed to instruct the patient to remain in bed after the puncture."

The only safe answer to a disgruntled patient is, "Write to my lawyer." Invitation #10: Guarantee success.

You're not an insurer under the law—but you can become one if you don't watch out: If you guarantee a successful outcome of any treatment or operation, and if the result isn't satisfactory, you may find yourself sued on a "special contract" (where the rules all favor the patient, if the jury believes his story).

Some doctors have become so cautious in this respect that they won't even pat a patient on the back and say, "You'll soon be as good as new." They fear that even words as innocuous as these may be twisted into a basis for a suit by a disgruntled patient. (Your malpractice policy, by the way, won't usually cover a special contract "guaranteeing" success.)

Invitation #11: Tell them you're covered.

"Don't worry about that burn. I have \$50,000 insurance to take care of such things."

That's asking—in fact, begging—for trouble. It may put even the friendly patient in a litigious frame of mind.

True, when a case reaches court, everyone, including the jury, usually knows well enough whether the doctor is insured. In most jurisdictions, though, open revelation of such information before a jury is enough to cause a mistrial. In any event, careless or boastful disclosure by the doctor of his malpractice coverage is inexcusable.



## ELPAFEC

TABLETS

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When you R: ELPAFEC\* in acute upper respiratory and other penicillin-susceptible infections, you not only combat infection but also provide rapid symptomatic relief. ELPAFEC's built-in fever control usually avoids those late-at-night phone calls so common with patients on penicillin without salicylates.

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 ELPAFEC contains:
 Penicillin G Potassium
 250,000 Units

 Acetophenetidin
 100 mg.

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 25 mg.

**Buffered** with Calcium Carbonate

DOSAGE: adults, one tablet fires times a day, either one hour before or two hours after mails.

SUPPLIED: bottles of 24 uncooled, scored tablets.

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## **How to Handle Referrals**

A medical man makes a careful analysis of each side of this quadrilateral puzzler: picking the consultant, preparing the patient, preparing the consultant, and the aftermath

By Henry A. Davidson, M.D.

#### **Picking the Consultant**

 In suggesting a consultant, the family doctor may say, "I'd feel better—and I know you would—if we had an ear specialist look at this. I'll call Dr. Clark right now and make an appointment."

The patient's first reaction to this may be good. He may say to himself, "The doctor is interested in me. He wants to help. I'm grateful."

But as he begins to think things over, his reaction may change. Then he may wonder, "Why shouldn't I have the right to pick my own specialist? Why Dr. Clark, especially? Is he a classmate . . . a brother-in-law . . . a fee splitter? What goes?"

Another type of family doctor, anxious to avoid even a semblance of collusion, goes to the opposite extreme: He advises the patient to see a specialist, but he strongly resists recommending anyone by name. "I think the patient should be free to make his own choice," he declares.

At this, the patient may shrug his shoulders and ask

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all infections responsive to oral penicillin

· reduces risk of common sensitivity reactions

· controls fever



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bottles to which water
is added at the time

Each teaspoonful (5 cc.)
of the prepared solution,
in a cherry-flavored liquid
that appeals to young
and old alike, contains:
Penicillin G Potassium / 250,000 units
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prevent cold complications, relieve symptoms

CORICIDIN with Penicillin (tablets)

Bottles of 24 and 100.

150.000 UNITS

Sodium Salicylate / 112.5 mg. (1% gr.)

"Good Response"

in psoriasis 79%

of cases treated with Entozyme pions

After using digestive enzyme replacement with ENTOZYME Robins' as the only therapy in a series of 24 peerlasts patients "recalcitrant to all previous treatment," Ingels" reports that "good response occurred in 19 cases (79%) within four weeks to three months . . . complete clearing in four cases."

Entozyme provides pancreatic enzymes to help restore normal metabolism, so commonly disordered in the psoriatic ... and thus represents an effective systemic approach to successful therapy.

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Each Entazyme
'tablet-within-a-table' comine
-in its gastric-soluble sate
couring . Popsin, N.F. 28m,
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8 life salts 18m.

Timpels, S. Pt. California Nasibine 29:437, 1953.

ENTOZYME

A. H. ROBBES CO., NO. - MICHAGEN 28. YEAR

the advice of his barber or the fellow next door. If he does, it'll probably be with the feeling that his doctor has let him down.

Or the patient may insist on the doctor's help. In that event, the doctor may dig out a roster of members of the state otological association, and invite the patient to choose from it. No matter what name the patient suggests, the doctor maintains a strict poker face and volunteers precisely no information.

A third—and, fortunately, more common—type of personal physician is the one who steers a course

between these extremes. When asked for the name of a consultant, he does not shut up like a clam. Neither does he recommend any one specialist as being the best. He wants his patient to have the right to choose his own consultant. At the same time, he wants to avoid having him select an incompetent.

So what does he do? He gives the patient the names of three or four good men and lets him take his pick.

An example worth following is that of a big-city family doctor whom I'll call George Dixon. Dr.



"I'll only be a minute, Mr. Jarkley!"

#### HOW TO HANDLE REFERRALS

Dixon has lined up three specialists in each branch of medicine. One of these is a young man, more or less fresh from his residency. Such a consultant appeals to the patient who wants a specialist with an upto-the-minute approach, or who thinks that anyone who got out of medical school before Pearl Harbor is an old fogy.

The second specialist in each field, lined up by Dr. Dixon, is a senior man—say, a chief of service at a large hospital. He probably won't give the patient much time, and he may be a bit set in his ways; but he's just right for the person who demands a consultant of prestige.

The third consultant in each field in the Dixon line-up, is a man of intermediate status—say, a specialist who's an associate on a service. He's not so busy that he can't give personalized service or so young as to suggest callowness.

If you practice in a city of any size, it's not difficult, as a rule, to maintain a list of three able practitioners in each major specialty. And this gives the patient at least reasonable freedom of choice.

#### If Patient Insists

The real poser occurs when the patient wants to call in a specialist who, the G.P. feels, isn't right for the job. You know the kind of con-

Sedation without hypnosis

IN HYPERTENSION

a safer tranquilizer and antihypertensive

ach field man of special service. an't give

rule, to ole pracpecialty. at least ce.

then the pecialist ight for of consultant I mean: He's often the "most popular" specialist in town; yet no local doctor would ever send a member of his own family to him.

Well, suppose the patient insists on having him? It's a ticklish situation. But it can usually be met by putting up one or more of the following verbal roadblocks:

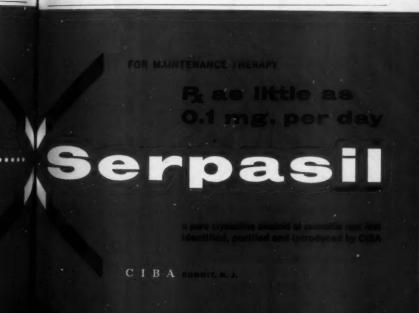
f "Oh, yes, Dr. Elstrin is a fine ear specialist. It just happens that I've never worked with him. Over the past few years, though, I have worked with Dr. Green, Dr. Horton, and Dr. Irving. So there might be some advantage in your selecting one of them . . ."

f"If you really want to go to Dr. Elstrin, I have no objection, of

course. He's probably a very competent specialist. I just don't know him; so I can't say for sure . . ." (This is so patently noncommittal that it's often a most effective deterrent.)

"If you prefer to go all the way out to Tullytown to see Dr. Elstrin, it makes no great difference to me. But since you'll probably have to have quite a few treatments, I thought you'd find it a lot more convenient to consult Dr. Green, Dr. Horton, Dr. Irving, or someone else right here in town..."

¶ "Well, ordinarily I'd agree that Dr. Elstrin is a fine ear man. But your type of infection is rather unusual. I know that Dr. Green has





discomfort of

# Spasher -responds to

## **BUTIBEL**\*

Sedation with Butisol Sodium—mild, relatively prolonged—is well suited to management of functional disorders.<sup>1</sup>

Belladonna is present as the full *natural* alkaloids—the preferred form of this smooth muscle relaxant. The alcohol content is extremely low.

Butibel is indicated in functional colonic disorders (such as irritable colon and emotional diarrhea), peptic ulcer, pyloro-duodenal irritability, inflammatory diarrheas (e.g. acute gastro-enteritis), functional dysmenorrhea.

One tablet or each 5 cc. (one teaspoonful) represents:
Butisol® Sodium 10 mg. (1/6 gr.)
Ext. Belladonna 15 mg. (1/4 gr.)

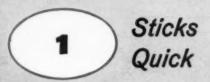
\*Trada-mai

Tablets: in 100s and 1000s. Elixin: pints and gallons.

Samples on request.

1. Dripps, R.D.: Selective Utilization of Barbibrates, J.A.M.A. 139: 148 (Jan. 15) 1949. McNEIL

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You pull Pro-Cap off the roll. It tears easily, sticks quick. Days later it still holds its position on the skinno slipping, no creeping, it stays put. When you take it off there is virtually no "clean up" necessary. It removes clean. Less irritating Seamless Pro-Cap, containing the fatty acid salts zinc propionate and zinc caprylate, is available through selected Surgical Supply Dealers.



SURGICAL DRESSINGS DIVISION
THE EXAMLESS RUBBER COMPANY
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done some research on it, and Dr. Horton gave a paper on it at the gate medical society convention last year. So these two men are very well qualified to treat you..."

If the patient still insists, there

may be no alternative but to let stubborn human nature take its course. At least, the family doctor has fulfilled his obligation to *try* to help his patient pick the best possible consultant.

#### **Preparing the Patient**

Not long ago, Gordon Andrews went to a proctologist. No one had told him to take a laxative the night before. Both the G.P. and the specialist had assumed that the other would say something about it. So Andrews got to the proctologist's office with a full bowel—and was some brimming over with indignation, too.

Similarly, Frank Braxton was referred for a basal metabolism check. He came in cheerfully at 8 A.M. after an old-fashioned New England breakfast. "Didn't your doctor tell you to come on an empty stomach?" asked the nurse. No, the family doctor thought the specialist would mention it. And vice versa. So again the patient was caught in the middle.

This kind of misunderstanding can lead to wasted fees as well as wasted visits. The remedy for it is obvious: Let neither doctor assume anything. Let him have enough interest in the case to find out.

The patient has to be prepared, too, for the specialist's fee. And for meeting related costs also.

Take Maury Carruthers, for instance. He was told the internist would probably charge \$25. So he was braced for that. But on the first of the month he got a bill reading (with that maddening mystery so many doctors like): "For professional services....\$65."

Carruthers hit the ceiling. He complained angrily to his family doctor. It then developed that the examination, as promised, had cost \$25, but that since the patient gave evidence of a possible blood dyscrasia, eight laboratory tests had been needed. Five dollars is a modest fee per test. But five times eight equals forty. Someone should have warned him.

#### Itchie-Koo

Mrs. Dengrove tells a similar story: A few days after she'd had her first baby, "An interne I'd never seen before wandered into the room. He played itchie-koo with the baby for a few minutes. Then he left."

Actually, the man was a boardcertified pediatrician, called in on

MEDICAL ECONOMICS · MARCH 1955 253

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#### **For Patients Suffering From**



Prescribe Dr. Scholl's Arch Supports in cases requiring mechanical relief from Foot Arch Trouble of any kind. The patient will be properly fitted and the Supports adjusted as the condition of the foot warrants, at no extra cost. This nation-wide service is available at many leading Shoe and Dept. Stores and at Dr. Scholl's Foot Comfort® Shops in principal cities.

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MOTHERS WILL APPRECIATE YOUR PRESCRIPTION OF CO-NIB WHEN BABIES REACH THE TEETHING AGE. ELBON LABORATORIES

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254 . MEDICAL ECONOMICS . MARCH 1955

#### REFERRALS

the case by the OB man; and be made a complete examination of the child.

But that wasn't the impression the mother got. From her observation, one of the internes had simply dropped in to while away a few spare moments. She hadn't asked him to see the baby. And he didn't do anything anyway.

So when the Dengroves later got a bill from a strange pediatrician, they frothed with indignation. They'd assumed that they would be billed by the hospital and the obdetrician, but not by this fellow. Who was he, anyhow? No one had even mentioned him to them.

Misunderstandings like this all too common. They're by-products of professional procedure that's second nature to the doctor but a confounded mystery to the patient. For example:

Some hospitals require a neurologic consultation in every case of head injury, a gynecologic consultation before every curettage, and so on. As a result, many a patient is billed for a hospital consultation le never asked for and never even knew took place.

To the responsible family physician, the way around this problem is clear: He sees that the patient (or the appropriate member of the family) knows when a consultation is being requested, knows why the request is made, and knows who the consultant is.

The somewhat-old-fashioned

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SIMILAC POWDER-physiologic food during the first year of life-

To assure sound growth and reduce many of the complications commonly encountered in the first year of life, the full, balanced Similac formula provides: fat, protein and carbohydrate closely approximating the content of human breast milk in quality and quantity; a full complement of known essential vitamins in adequate amounts; an adjusted mineral content; a soft, fluid curd with zero tension, assuring rapid and easy digestion.

SIMILAC POWDER-stable in price . . . an economy in feeding-

With food costs at or near an all-time high, the price of Similac has remained relatively constant since 1923. Similac with its complete modification and added vitamins is virtually the same in price as vitamin-supplemented whole-milk feeding—and in many instances actually affords greater economy.

## SIMILAC powder



There is no closer equivalent to the milk of healthy, well-nourished mothers

Supplied: Tins of 1 lb., with measuring cup. Similac is also available as concentrated Liquid in tins of 13 fl. oz.



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sounding Principles of Ethics have a point here. According to the code, the family doctor or other primary physician has a duty to introduce the consultant to the patient; and the specialist, conversely, has a duty to stay away from the patient until this is done. That may sound a little quaint—but it is the way to prevent this kind of misunder-standing.

#### The Personal Touch

A patient can be made to feel victimized by poor preparation in other ways, too. For instance:

To Jean Emerson's delight, she was referred to the widely known Paul Jenkins, head of the famous Jenkins Clinical Group. Only she never got near Dr. Jenkins himsel He was basking, at the time, on a beach in the Bahamas.

Miss Emerson did all right though, because she was seen by a younger and quite up-to-date associate physician. None the less, she was annoyed. No one had prepared her for the fact that being sent to the Jenkins Clinical Group didn't always mean a personal audience with the great man himself.

Quite evidently, then, the family physician who hopes to retain a patient's goodwill doesn't wash his hands of the case just because a consultant has been named. Instead, he tries to anticipate as many questions of cost and procedure as possible-and to ready the patient for them.

#### **Preparing the Consultant**

So far, for the most part, we've been discussing the relationship between the family doctor and his patient. Now we come to matters that affect chiefly the family physician's dealing with the specialist. In laying the groundwork for a consultation, the wise general practitioner tells the consultant at least five things:

- 1. The history of the case;
- What laboratory work has been done;
- 3. Any tentative diagnosis the G.P. has made;
  - 4. Whatever facts the specialist

should know about the patient's and

5. Whether the consultant is a take over treatment or simply advise the family doctor about treatment.

A general practitioner who labitually reviews these five items to fore he forwards a patient is likely to sidestep some of the most trouble some referral problems that arise. Let's consider the items one by one

Agnes Fairbrother, 45-year-spinster, had been going to Dr. King since she was 6. He was a sort of father to her, and she never be-

Tinea Cruris

Sites and Appearance of Lesions: Lesions appear on upper inner surfaces of thighs, perianal and pubic regions. The lesions appear as sharply marginated plaques with a tendency to central healing, slight scaling and lichenification. The margins are often raised and show greater scaling and vesiculation.

Treatment: In all but acute cases of tinea cruris, 'Pragmatar' should be rubbed in thoroughly once or twice daily. Pragmatar's mild keratolytic action promotes the desquamation of epidermis harboring infecting fungi, thus aiding the skin to heal promptly.

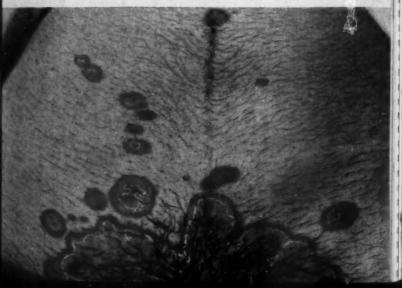
## PRAGMATAR\*

the outstanding tar-sulfur-salicylic acid ointment

- -Wide margin of safety-due to low incidence of sensitization
- -Antipruritic-relieves intense itching and burning
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highly effective in a wide range of common skin disorders Smith, Kline & French Laboratories, Philadelphia 1

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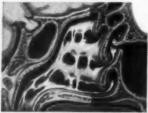
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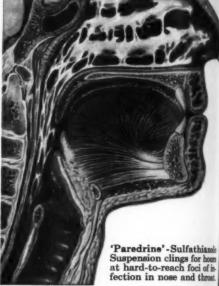
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Dr. King a sort of ever hear

'Paredrine'-Sulfathiazole Suspension spreads throughout the nasal tract.





Suspension drifts over nasopharynx, coating inflamed areas.



Instilled intranasally, 'Paredrine'-Sulfathiazole Suspension depoins a fine, even frosting of microcrystalline sulfathiazole throughout the nasal tract. Unlike solutions, this highly bacteriostatic coating does not quickly wash away, but remains for hours, clinging to the inflamed mucosa wherever ciliary activity is impaired by infection. Bacteria in postnasal drip are neutralized before they can reach the nasopharynx and pharynx to intensify the infection.

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## Paredrine\*-Sulfathiazole Suspension

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\*T.M. Reg. U.S. Pat. Off. for hydroxyamphetamine hydrobromide, S.L.

tated to talk free!y to him. But when, at Dr. King's request, she visited young Dr. Lincoln, it was different. He had an American Board diploma on the wall, but he'd been in diapers when Miss Fairbrother was having her first period; and—well, you know.

If Dr. Lincoln had had to depend on the history she was willing to give him, he probably never would have got the facts straight. Fortunately, though, Dr. King is careful about such matters: He had sent the young physician a full transcript of the patient's medical history. Result: The consultation was made easier and more effective for both specialist and patient.

This would have been equally true, of course, even with a less reticent person than Miss Fairbrother. At the very least, a forwarded case history forestalls needless duplication.

So, too, does a forwarded report of laboratory work done. This may seem too obvious to deserve mention. But to a patient a blood test is a blood test. He doesn't know whether it was a test for lipids, sugar, or creatinine. If the consult-



"In the old days, for \$75, a doctor would fill a baby carriage!"

MEDICAL ECONOMICS - MARCH 1955

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## Vitamins at a truly therapeutic level for all stress conditions

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Tablets: 30's and 100's Liquid: 4 oz. bottles

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#### REFERRALS

ant doesn't know why the blood was drawn either, he's going to take another specimen to make sure,

Some C.P.s are overly reticent about relaying their own diagnostic impressions. Such humility can be a disservice to the patient by bringing about a situation like this:

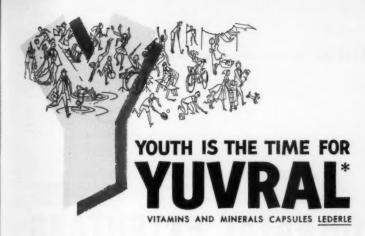
Albert Melton, the family doctor, had an idea that the skin chapping the perleche, and the sore tongue of the Gilbreth lad were due to riboflavin deficiency. He knew that the Gilbreths were all poor milk drinkers and that the adult members of the family did too much elbowbending. But he was too modest to inflict this diagnosis on John Noris, the consultant-dermatologist.

So the latter had to waste two



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Address ..



For the big and important age group between pediatrics and geriatrics, Lederle offers Yuvral Capsules, a new diet supplement. A highly potent formula including 11 vitamins, 13 minerals, and Purified Intrinsic Factor Concentrate—all in a dry-filled, soft-gelatin capsule with no unpleasant aftertaste.

Among adolescents and young adults, there are many "nutritionally starved" persons: those with strong dislikes for certain foods, those who won't drink milk, young women on self-prescribed diets. Just one Yuvral Capsule daily assures them of an adequate supply of essential vitamins and minerals.

Each capsule contains:	
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Vitamin D 500 U.s	8.P. Units
Vitamin B <sub>12</sub>	1 megm.
Thiamine Mononitrate (B1)	. 3 mg.
Riboflavin (B <sub>3</sub> )	. 3 mg.
Niacinamide	20 mg.
Folie Aeid	0.2 mg.
Pyridoxine HCl (Bs)	0.5 mg.
Ca Pantothenate	. 1 mg.
Assorbie Aeid (C)	50 mg.
Vitamin E (as tocopheryl acetates)	5 I. U.
Iron (as FeSO <sub>4</sub> )	15 mg.

Iodine (as KI)	0.15	mg.
Boron (as Na <sub>2</sub> B <sub>4</sub> O <sub>7</sub> • 10H <sub>2</sub> O)	0.1	mg.
Copper (as CuO)	. 1	mg.
Fluorine (as CaF <sub>2</sub> )	0.1	mg.
Purified Intrinsic Factor Concentrate	0.5	mg.
Magnesium (as MgO)	. 1	mg.
Manganese (as MnO <sub>3</sub> )	. 1	mg.
Potassium (as K <sub>2</sub> SO <sub>4</sub> )	. 5	mg.
Zinc (as ZnO)	0.5	mg.
Calcium (as CaHPO4)	69	mg.
Phosphorus (as CaHPO <sub>4</sub> )	53.8	mg.
Dibasic Calcium Phosphate	236	mg.
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## **DONNATAL EXTENTABS**

**Donnatal Extended Action Tablets** 

For truly dependable prolonged spasmolytic action, Donnatal Extentabs are constructed on a new principle, to release the equivalent of 3 Donnatal tablets gradually and uniformly...to provide sustained therapeutic effect for 10 to 12 hours. One Extentab morning and night thus assures "round-the-clack" action.

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Photo Mari

#### HOW TO HANDLE REFERRALS

visits to reach the same conclusion that Dr. Melton had reached in the first place. When he asked the G.P. why he hadn't shared his tentative diagnosis, Dr. Melton said he hadn't wanted to influence the consultant's judgment. Whereupon the specialist promptly exploded:

"What are we, Melton? Members of a team or competitors in a guess-

ing game?"

If there's anything at all special about the patient's financial status, it's naturally helpful to give the consultant some orientation. Ordinarily, as we all know, if the family doctor assures him that the patient simply can't afford his usual fee, he'll reduce it.

Of course, the general practitioner must give such assurance in good faith—not like one G.P. I know of. According to this man, every patient he refers is so close to bankruptcy that a normal fee would push him over the edge. So the specialist obligingly slices his fee, even if he wonders how it happens that his prosperous-looking colleague seems to practice exclusively among the almshouse set.

By this device, the first doctor remains a "good fellow" in the eyes of his patients. And a good fellow he undoubtedly is—at the consult-

ant's expense.

Failure to tell the consultant whether he's to be therapist or di-



tykes don't "take on" when they take

## DIATUSSIN

non-narcotic cough control



easy to give-easy to take

drop dosage

2 to 4 drops do the work of spoonfuls of syrup

Diatussin: 6-cc. bottle with dropper Diatussin Syrup: 4-oz., pint and gallon bottles

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If the symptom-complex seems to indicate that the patient is "caffein-sensitive," he needn't give up coffee. But he can give up caffein. For Sanka is 100% pure coffee yet 97% caffein-free.

P.S. Doctor, you ought to try Sanka Coffee yourself. It is wonderful coffee with a fine aroma and flavor.



Products of General Foods

#### SANKA COFFEE

DELICIOUS IN EITHER INSTANT OR REGULAR FORM

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agnostician is a common omission and a real trouble breeder. Just listen to Fred O'Hara grumble because the neurologist "stole" the patient to treat his epilepsy: "After all," he complains, "I can write a prescription for hydantoin as well as he can. All he had to do was to advise it and give me the dosage."

In this case, it was partly Dr. O'Hara's own fault. The consultation was arranged by phone between the two secretaries. Dr. O'Hara's aide asked simply if the neurologist would "see the patient—a convulsive disorder." She never

said that her boss wanted only the specialist's diagnosis and recommendations.

"Well," Dr. O'Hara retorts, "you can hardly expect me to write a note saying: 'Return this patient to me for treatment. Don't steal him!"

It needn't be that crude, of course. A preliminary letter can end with something like this: "... I'd appreciate any suggestions you may have about the medication I can give, and in what dosage."

Certainly, that's much clearer than "Introducing Mr. Hawkins," scrawled on a prescription blank.

#### Referral Aftermath

Between the two doctors concerned, a referral can be the beginning—or the end—of a beautiful friendship. That friendship gets its severest test when the patient is returned to his family physician. And the outcome here is determined largely by the consultant.

Consider Wilmot Partridge, for instance. This busy specialist just hates to dictate letters. (Too much paper work, you know.) And he's too busy saving lives to fuss with written reports. After seeing the patient, he telephones the referring doctor and overwhelms him with a monologue like this:

"Oh, Doctor, about your Mr. Ingersoll. He has periarteritis nodosa. Biopsy shows focalized swelling of collagen fibers in the intima. Eosinophile count is 5 million 8. Alkaline phosphatase is 6 units. That's by King-Armstrong, of course. And only 5 milligrams of galactose at 45 minutes. Have them prepare a 7½ per cent B.A.L. in oil, and if you use a 26 gauge needle . . ."

By now the confused G.P. is writing furiously: . . . 5 million 8 . . . King-Armstrong (whatever that means) . . . B.A.L. . . . 26 gauge . . . 5 milligrams . . . collagen alkaline phosphatase, oil . . .

He's also swearing—swearing at the type of consultant who's just "too busy" to send the referring physician a written report.

To force the family doctor to absorb any report orally is to invite

## PENICILLIN PLUS!

Oral BICILLIN is a penicillin of choice because it is synonymous with plus factors in penicillin therapy. It means assured penicillin absorption through its unique resistance to gastric destruction. It means more prolonged action than soluble penicillins achieve. It means penicillin plus delicious taste (Oral Suspension), plus convenience of administration (Tablets), plus the notable safety of penicillin by mouth.

For all these plus factors, prescribe Oral BICILLIN.

 American Medical Association: New and Nonofficial Remedies. J. B. Lippincott Co., Philadelphia, 1954, p. 147.

**TABLETS** 

SUSPENSION

## ORAL BICILLIN



Benzathine Penicillin G (Dibenzylethylenediamine Dipenicillin G)

Penicillin with a Surety Factor









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® Aphia 2, Fa. gross misunderstanding. What's more, it's distasteful and patronizing.

The written report, by contrast, puts no strain on the memory. It may be read at leisure. It's much easier to grasp. And it can be preserved and referred to again.

Another referral aftermath that can cause hard feelings:

The consultant radiated good cheer. He assured the patient that his condition would improve. Then, clutching his hat and his fee, he disappeared.

But the patient didn't improve. So someone—and who else but the family doctor?—had to face the music.

One of the chief dilemmas of specialism derives from changing



"Check a gland condition?"

## Letters to a Doctor's Secretary



In this new volume, MEDICAL ECONOMICS has assembled its complete, step-bystep course of instruction for the physician's aide. Sixteen chapters cover such topics as:

Handling patients
Telephone technique
Medical terminology
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Case histories Bookkeeping Collections Medical ethics

Bound between handsome, black laminated covers, with the title stamped in gold, this convenient pocket-size book contains 75 information-packed pages. Prepaid price: \$2.

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MEDICAL ECONOMICS MARCH 1955 265

#### HOW TO HANDLE REFERRALS

the regime after the consultation:

If the consultant makes no change in the treatment, the patient ends up where he was before. From his point of view, a high consultation fee has gained him nothing.

If the consultant recommends a change, it sounds as if the previous treatment were wrong. This tends to damage the family doctor's standing (in some cases, it has even led to malpractice action).

There's no sure way to escape the first horn of this dilemma if the patient or his family can't be made to understand the situation. Often, though, what they want from the consultant is not a bright new treatment but simply solid reassurance that all that can be done is being done. In such a case, the specialist does earn his fee if he can honestly give that assurance.

One successful consultant says he handles the other cases by explaining the change in some such fashion as this: "The treatment Dr. Quinn's been giving you is exactly what I would have prescribed myself. Of course, nothing works ideally in every case. So if we see no further improvement soon, there's another treatment I've been discussing with Dr. Quinn that we can introduce."

This approach serves a dual purpose: It justifies the consultation. And it doesn't impair confidence in the family doctor.

## MMM

round-the-clock protection for asthmatic patients

the suppository with the unique nonreactive base\* terminates acute attacks-often in 20 minutes

prevents recurrences - prophylactic half-strength dose \*melts at body temperature



Supplied: Boxes of 12, full strength-aminophylline 0.5 Gm. (gr. 71/2), sodium pentobarbital 0.1 Gm. (gr. 11/2). Also available in half strength.

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Trate shown is from the handsome Nu-Trand suite. But the halliant new beauty and efficiency are typical of all Hamilton enument . . Fully adjustable Fit-All stirrups, for example, can now be moved in and out of concealment without lifting table's foot and . . Plastic paper cutter for the clean STER-O-SNEET table covers is now both adjustable and removable.



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Patience was a key word in the development of the new Hamilton examining room equipment. Patience till the finest built was built even better...features already famous for efficiency and convenience, actually improved... designs, finishes, and upholsteries evolved to make your office more attractive and pleasant to work in than ever before.

That it was well worth the waiting, you'll surely agree when you look through the intriguing new five-color Hamilton catalog. Write today for your free copy; better still, see your Hamilton dealer.

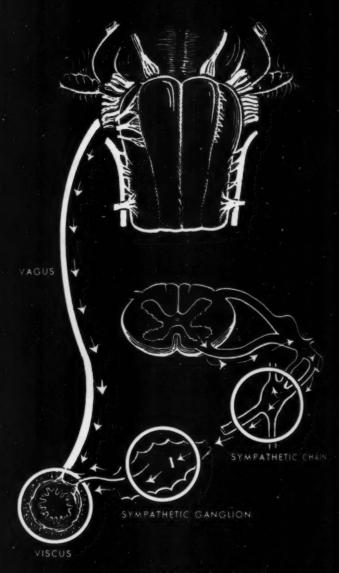
HAMILTON MANUFACTURING COMPANY
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Sites at which Pro-Banthine inhibits excess autonomic stimuli through control of acetylcholine mediation

# Combined Neuro-Effector and Ganglion Inhibitor

Pro-Banthine consistently controls gastrointestinal hypermotility and spasm and the attendant symptoms.

Pro-Banthine is an improved anticholinergic compound. Its unique pharmacologic properties are a decided advance in the control of the most common symptoms of smooth muscle spasm in all segments of the gastrointestinal tract,

By controlling excess motility of the gastrointestinal tract, Pro-Banthine has found wide usel in the treatment of peptic ulcer, functional diarrheas, regional enteritis and ulcerative colitis. It is also valuable in the treatment of pylorospasm and spasm of the sphincter of Oddi.

Roback and Beal<sup>2</sup> found that Pro-Banthine orally was an "inhibitor of spontaneous and histamine-stimulated gastric secretion" which "resulted in marked and prolonged inhibition of the motility of the stomach, jejunum, and colon..."

Therapy with Pro-Banthine is remarkably free from reactions associated with parasympathetic inhibition. Dryness of the mouth and blurred vision are much less common with Pro-Banthine than with any

other potent anticholinergic agent. In Roback and Beal's<sup>2</sup> series "Side effects were almost entirely absent in single doses of 30 or 40 mg..."

Pro-Banthine (β-diisopropylaminoethyl xanthene-9-carboxylate methobromide, brand of propantheline bromide) is available in three dosage forms: sugar-coated tablets of 15 mg.; sugar-coated tablets of 15 mg. of Pro-Banthine with 15 mg. of phenobarbital, for use when anxiety and tension are complicating factors; ampuls of 30 mg., for more rapid effects and in instances when oral medication is impractical or impossible.

For the average patient one tablet of Pro-Banthine (15 mg.) with each meal and two tablets (30 mg.) at bedtime will be adequate. G. D. Searle & Co., Research in the Service of Medicine.

SEARLE

<sup>1.</sup> Schwartz I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: Gastroenterology 25:416 (Nov.) 1953.

<sup>2.</sup> Roback, R. A., and Beal, J. M.: Gastroenterology 25:24 (Sept.) 1953.

## Vitamins at a truly therapeutic level for all stress conditions

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Tablets: 30's and 100's Liquid: 4 ez. bettles

Dose:

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1 tublet daily

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The book that can be recommended to anyone with emotional difficulties. Dr. Winfred Overholser says: "I like Dr. Terhune's book. . It recognises that people do have problems, and at the same time presents possible and practical ways of meeting them."

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#### **Stock Averages**

[CONTINUED FROM 160]

may be a warning to you to get ready to sell. A rise in the averages, conversely, may be a tip to you to get ready to buy.

 By matching one category of indicator against another—say, a rail average against a utilities average you can get a line on which type of security is faring better.

But remember that these indicators are, in a way, like fire. Used cautiously, they'll help you. Used carelessly, or without understanding, they can be your undoing. Let's examine a few of the major ones in detail:

#### **Three Major Types**

Probably the three most important stock averages issued are those of Dow-Jones, the New York Times, and Standard & Poor's. Coincidentally, they not only list widely differing stocks but they typify three different and important methods of computation.

The Dow-Jones Industrial Average began before the turn of the century with twelve active stocks on its list. These were judged to be representative of the New York Stock Eschange list and of the national economy.

Some shifts were made in 1916, and the number of stocks was raised to twenty. Twelve years later, in 1928, the list was again increased,

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3.) STEELUX BROCHURE. Full-color display of modern, matching Steelux examining room furniture and accessories; most complete selection available.

#### 2.) PHYSICIANS ROOM PLANNING BOOK.

Suggests ideal room arrangements. Shows how to place equipment for best use, smoothest traffic flow, greater efficiency and PROFITS.



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Intractable insomnia may be a symptom of many acute illnesses, especially those accompanied by pain or fever. In such cases an effective soporific is needed.

For effective relief of insomnia, 1 to 2 teaspoonfuls on retiring. In cases of nervousness, the sedative dose is 1/2 to 1 teaspoonful repeated up to three times daily. Maximum dosage 3 teaspoonfuls per diem.

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#### STOCK AVERAGES

this time to its present number of thirty. Only American Tobacco and General Electric remain from the original twelve.

The New York Times Average is based on twenty-five industrials and twenty-five rails. Standard & Poor's uses fifty industrials, twenty rails, and twenty utilities.

Only a few stocks appear on each of the three lists; these are Allied Chemical, Bethlehem Steel, Chrysler, General Motors, Sears Roebuck, Standard Oil (N.J.), and United States Steel. Nor are the same industries represented in all; only Standard & Poor's, for instance, includes an airline, a television company, and a textile house.

#### How Dow-Jones Works

Originally, the Dow-Jones Industrial Average was computed by the simplest arithmetic: The sum of the daily closing prices of each stock was divided by twelve, the number of stocks on the list.

But complications arose almost at once: What to do about stock splitups, which increase the number of shares of a stock and reduce its price correspondingly? And what about taking into account such factors as stock dividends, mergers, and reorganizations?

Since 1928, the computation methods have been revised constant-

\*Dow-Jones also compiles a twenty-steck railroad average, a fifteen-stock utility average, and a composite average of all sixty-8w of its N.Y.S.E. stocks. But only the industrial average, as the most widely used of the four, is discussed in this article. bi

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DIET organization in anti-obesity management must be based on the nutrient and energy values of the foods allowed, on the eating satisfaction they provide, and on their cost. Enriched bread merits a prominent place in reducing diets. While it supplies notable quantities of essential nutrients, it yields only moderate amounts of nutrient energy. At the same time, bread is universally appealing to the palate, and its cost remains low.

The daily allowance of enriched bread in the reducing diet may vary from one to six slices. One regular slice of enriched bread provides only 63 calories, but supplies these notable amounts of essential nutrients (based on national average): 2.2 Gm. of protein, 0.06 mg. of thiamine, 0.6 mg. of niacin, 0.04 mg. of riboflavin, 0.7 mg. of iron, 23 mg. of calcium, and 21 mg. of phosphorus. Its protein, a composite of flour and milk proteins, is applicable to growth as well as tissue maintenance.

Universally liked, enriched bread enhances the eating satisfaction provided by the reducing diet. It blends well with all menus, lessening the hardship of dieting.





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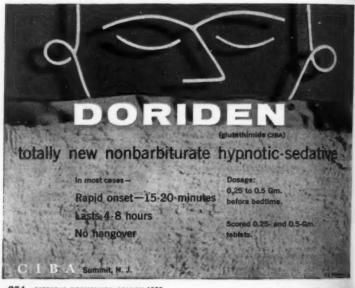
ly, in an effort to offset such problems. But no system yet devised is perfect. For example, here—in oversimplified form—is a basic flaw in the Dow-Jones average as now computed:

Suppose XYZ Corporation, which has been selling at 100 and has 1,000 shares outstanding splits 2 for 1. It now has 2,000 shares selling at 50. To compensate for this, Dow-Jones must hereafter divide its totals by a figure that's smaller (by 50) than before; yet, as a result, the average then gives undue weight to the high-priced unsplit stocks. So the Dow-Jones figures occasionally go up even while the aggregate value of the shares represented goes down.

The New York Times Average operates on the same principle as Dow-Jones but in such a way as to lead to an opposite kind of distortion: Instead of dividing the total by a smaller figure to compensate for a stock split, it multiplies by a larger one—thus giving undue influence to the frequently split stocks.

Each of the New York Times' twenty-five industrials, except American Telephone and Telegraph, has been split at least once; and one of them, du Pont, has been split fourteen times. Such activity obviously complicates—and then recomplicates—the job of arriving at reasonable averages.

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GENERAL OFFICES . EVANSTON, ILLINOIS

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### "wooden indian"

for disease demons

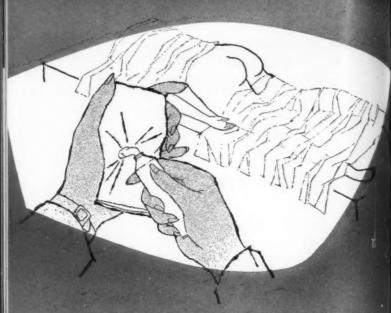
Instead of "How are you feeling?", natives of the Malabar coast asked "Has he left you yet?"-(He being the demon of disease.) To frighten and keep him a healthy distance away, they relied on the menacing aspect of carved wooden figures like this "Yakkhine" or ogress.

One of the "demons" of American medical practice is keeping track of drug names. American doctors "cure" this medical memory problem with daily doses of PHYSICIANS' DESK REFERENCE - annual drug directory used daily by more than 130,000 practicing physicians.

opublished by Medical Economics, Inc., Oradell, N. I.

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one of the best friends a memory ever had



Prompt relief in anogenital pruritus

with greater safety from sensitization

### NEW TRONOTHANE

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(PRAMOXINE HYDROCHLORIDE, ABBOTT)

TRONOTRANE is a new, non-"caine" topical as-esthetic. Its unique structure offers a very low incidence of sensitization and toxicity, with no reactions reported in over 1,220 clinical trials to date. Ash. As

TRONOTHANE promptly interrupts pruritus, without injections. One study, for example, notes palliation of itching in 172 of 185 pruritic patients. Good to excellent results were obtained in 24 of the 25 anogenital cases, including several pruring ani and vulvae cases that had been considered intractable. Investigate

- this new drug soon.

CREAM



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COMPOUND LOTION



TOPICAL SOLUTION



York Times tabulations are tallies of a limited kind: They derive an average price from the combined prices of a sampling of securities. Standard & Poor's, on the other hand, is an index. Here's how it works:

It compares today's prices with those of 1926, figuring the latter at 100. And the price of each of the ninety stocks that comprise the daily index is multiplied by the number of shares outstanding. Thus the influence of every stock is based on its total market value. Stock splits and dividends are taken into account immediately.

Many people consider such an index much more scientific than the

conventional "average" in measuring market moves. But Standard & Poor's shows other weaknesses:

It's influenced by corporate capitalization (that is, by the actual worth of the companies on its list), which often has little or no bearing on the market movements of securities. And it's sometimes criticized for including nonrepresentative stocks, particularly volatile oils.

Another possible drawback of all three major indicators: In general, they're based on the so-called blue chips. They ignore almost completely the market action of many other issues that investors are concerned with (e.g., growth stocks) and that



"About these glasses, Doctor . . ."

(110

### "an effective antirheumatic agent"\*

nonbormonal anti-arthritic

### BUTAZOLIDIN'S

(brand of phenylbutazone)

relieves pain · improves function · resolves inflammation

The standing of BUTAZOLIDIN among today's anti-arthritics is attested by more than 250 published reports. From this combined experience it is evident that BUTAZOLIDIN has achieved recognition as a potent agent capable of producing clinical results that compare favorably with those of the hormones.

Indications: Gouty Arthritis Rheumatoid Arthritis Psoriatic Arthritis
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BUTAZOLIDIN® (brand of phenylbutazone) red coated tablets of 100 mg.

\*Bunim, J. J.: Research Activities in Rheumatic Diseases, Pub. Health Rep. 69:437, 1954,





GEIGY PHARMACEUTICALS

Division of Geigy Chemical Corporation, 230 Church Street, New York 13, N.Y.

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nove at different speeds, if not in different directions, from the blue chips.

For reasons like these, a wise investor treats the indicators gingerly. They're not fortune-tellers; they don't necessarily tell which way the securities we own are going.

nation

Last December, as on other occasions, there seemed to be a country-wide tendency to take the averages too seriously. That was when the Dow-Jones Industrial Average finally went above its record highwater mark of 381.17 in 1929.

Wall Streeters quickly set the record straight: Fearful that a reminiscent public would look upon this new high as a warning and a prophecy, they pointed to other indicators to differentiate the two situations:

The dollar in 1954 was worth about half its 1929 value;

The dividend yield of stocks in 1954 was considerably higher;

¶ Comparative earnings per share were higher; and

The amount of borrowed money in the market was a fraction of what it had been in 1929 (the margin minimum was 50 per cent-it has since been raised to 60 per cent-as compared with 10 per cent a quarter of a century ago).

Just to prove that samplings are that and nothing more: Of the 1,268 stocks traded on Dec. 29, 1954, the day the Dow-Jones Industrial Average hit 400 for the first time, 229 stocks closed unchanged, and 290 went down-a few even dipping to new lows for the year.

So, next time your broker tells you the market's down, pause a moment. Maybe your stocks are in for a slide; maybe they're not. Don't take a slipping average as your only signal that the moment to sell your Whoozis Petroleum has arrived. For that's the very moment you may strike oil! END

### Between Pains

 It was our first day on the labor and delivery floor. One of my medical school classmates, a solicitous young man who planned an obstetrical career, was assigned a young colored woman as his first patient. Walking timidly into the labor room, he was greeted by a series of grunts.

He walked over and, with his best bedside manner. patted the woman on her protuberant abdomen and said: "It's all right, Mother. Everything's going to be all right."

With shattering simplicity, the patient replied: "I'm on the terlet!" -DAVID J. CANAVAN, M.D.





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Combines 4 of the most useful sulfonamides for ...

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### News

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Do M.D.s get enough first-aid training? •

A doctor-mayor restores civic peace • 'How to axe your colleagues' • An argument against closed hospitals • Naturopaths seek license to prescribe drugs . Less surgery urged

### Resident Ghost Surgery' Called Unethical

Chost surgery has now been termed wrong even when performed without venal intent. Take, for instance, the practice, followed in some hospitals, of having "surgeons and obstetricians turn over private patients to the resident staff in order that the residents may get . . . additional technical experience." This may be necessary if the institution wants to retain its residency program, says the Norfolk (Mass.) Medical News; but it's still ethically indefensible unless done with the patient's con-

The fact that "the specialists in question may lend an aura of professional respectability . . . by being present in the operating room, and even assisting in the operation," doesn't change the principle at stake, says the journal; for the patient is still being deceived.

Its conclusion: "The acquisition of technical skills by embryo surgeons is of paramount importance,

but these skills should never be acquired at the expense of the moral code . . . Hospitals which have insufficient service patients, and [which] cannot get the consent of enough private patients to give surgical and obstetrical residents the experience required, should give up their residency programs."

### How to Save Your Car-And Your Pocketbook

To make sure that your ailing car will get the best possible treatment, you'll do well to shop around for the right auto mechanic. This may be a nuisance; but in the long run you'll save money if you take the car to at least two garages for estimates.

So says Changing Times, The Kiplinger Magazine. It also recommends the following precautions, once you've made up your mind where to go:

"Insist on being told in detail what has to be done-and whyeven if you can't follow it all. A show of intelligent interest on your part



IRWIN, NEISLER & COMPANY . DECATUR, ILLINOIS . TORONTO I, ONTARIO

workable range between hypotensive response and

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¶ "Take your car to the shop early in the morning. Usually the garage has all it can handle by eight or nine o'clock." If you arrive later and insist on having a big job done by five o'clock, you only invite trouble: "Overworked mechanics are likely to take fewer pains with your job, and it is possible that some of your repairs will be skipped altogether but still show up on the bill."

15

### Deaths Down, Births Up

It looks as though pediatricians and geriatricians will be busier than ever. Latest figures released by the Public Health Service show that 1954 saw not only the lowest death rate in the country's history (9.2 per 1,000), but also its highest birth rate (over 4 million babies).

### Decries M.D.s' Lack of First-Aid Know-How

The average medical school graduate knows less about first aid than the average first class boy scout, Dr. Robert H. Kennedy told the recent Clinical Congress of the American College of Surgeons.

"There has been no organized effort to train the medical profession" in first-aid procedures, said the surgical director of New York City's Beekman-Downtown Hospital. "The rank and file . . . consider the subject outside their field or are not aware of its . . . importance."



DR. ROBERT H. KENNEDY

Do boy scouts have doctors beat?

Not long after Dr. Kennedy's speech, the Medical College of Virginia, in Richmond, announced its intention to devote more time to first-aid training. Beginning next fall, says Dean John B. Truslow, all first-year men will be required to take such a course. (Plans for special training "oriented to the needs of national defense" were in the works long before Dr. Kennedy's speech, adds Dr. Truslow.)

### Doctor-Mayor Puts End To Civic Strife

In the town of Kadoka, S.D., (pop. 700), the winds that whip over the near-by Badlands have, in recent years, raised more than dust:

MEDICAL ECONOMICS · MARCH 1955 2

They've stirred up enough gossip and rumor to sweep two mayors out of office in midterm.

But that's history now, thanks to the town's new mayor, 45-year-old Dr. N. J. Sundet.

A general practitioner for the last fifteen years (and the proud owner of an eight-room clinic), Dr. Sundet was elected last year, 192 votes to 76. Since then, by his own statement, he has wielded a heavy gavel at stormy town meetings and, by so doing, has succeeded in bringing political peace to embattled Kadokans.

He claims to have been no less successful in keeping peace at his clinic—despite the fact that his opponent in the mayoralty race washis secretary, 24-year-old Nona Petty-john. Miss Pettyjohn kept her joh during and after the pre-election campaign; and there have been no hard feelings on either side, according to her employer.

"This is a democracy, isn't it' asks the Mayor. "She had a perfect right to run against the boss. In kind of glad she didn't win, though," he adds. "She's a fine secretars."

#### **Grave Error**

Responses-that-start-you-thinking department:

An Indianapolis woman recently phoned what she thought was the



### LEISURE, LIVING AND LOAFING

BECAUSE HISTACOUNT KEEPS THE RECORDS STRAIGHT



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Hours of desk chores can be easily connected into hammock happiness or a few holes of pill with Histacount Bookkeeping Systems, Patient Records and Filing Systems.

Histacount is the symbol of systematic, efficience record keeping which provides the "time of that Doctors can never seem to find.

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### "colprosterone"

#### MORE ACCEPTABLE

- . Avoids pain and inconvenience of injection
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 Response is more predictable than with oral, or buccal and sublingual therapy

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· Cost is low in terms of greater patient benefits



#### "colprosterone"

Vaginal Tablets—Brand of progesterone U.S.P. presented in a specially formulated base to insure maximum absorption and utilization.

Indications: Amenorrhea, functional uterine bleeding, habitual abortion, chronic cystic mastitis, and premenstrual tension.

Suggested Dosage: Complete dosage regimens are included in literature which is available on request.

Supplied: No. 793—25 mg. tablets (silver fail), boxes of 30. No. 794—50 mg. tablets (gold fail), boxes of 30.

Each tablet is individually and hermetically sealed. Presented in strips of 3 units, detachable as required.

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CORPORATION

DIVIDEND No. 6

The Board of Directors has declared a regular semi-annual dividend of Twenty-five cents (\$0.25) a share on common stock payable February 18, 1955, to stockholders of record February 7, 1955.

> M. J. FOX, Jr. Treasurer

Bloomfield, N. J. January 25, 1955

The secret of EDIN'S human engineering in the #250

Electrocardiograph is right here



All settings and adjustments — lead selector, push button switch are at the finger tips of right hand. Tracings constantly visible. No hand crossovers.

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#### NEWS

office of her nephew, a doctor, and asked whether he was in. The answer, as reported in the Indianapolis News: "No, he hasn't come in yet. This is Crown Hill Cemetery."

### 'Here's How You Can Axe Your Colleagues'

Doctor-editor sets rules for 'straightforward mayhem'

It's easy to garrote a brother physician, says Dr. D. P. Trees of Wichita, Kan. If you want to destroy a colleague's reputation, he explains, just use any one of the following techniques (which until now have been "jealously guarded secrets"):

1. You can damn the other man's professional ability by asking his former patient, "How in the world could he have missed that?" or, "You mean to say he didn't even take an X-ray?" With such questions, writes Dr. Trees, in the Sedgwick County Medical Society bulletin, you can virtually guarantee a malpractice suit against your fellow M.D. And you can consider it "good clean sport, since the victim always knows who threw the harpoon."

2. Then there's the innuenda. "This... finds its popularity in the fact that you can't be found out or accused... When queried about your colleague: If he is young, you say, 'Oh he is a wonderful young man. Just out of medical school, I believe.' If he is old, you say, 'Dr. Zilch? Is he still practicing? I

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# EXCLUSIVE AUTOMATIC TILT on the



### **Proctologic Table**

Again, Ritter saves you more energy ... more time for efficient treatment of your patients. The new Ritter Type 7-D-41 Proctologic Table brings you smooth, effortless, automatic hydraulic tilt. A light touch of the toe tilts this Ritter table to the exact position you wish. Both hands are left free to reassure your patient. Table is returned smoothly and quietly to horizontal by a touch of the toe. The automatic tilt mechanism is incorporated with the hydraulic base and has the same reliable smooth operating qualities.

#### Compare these Ritter features . . .

- Autematic, hydraulic base and tilt mechanisms,
- full 18 inch elevation range . . . 29" to 47".
- . Maximum head-low of 50°.
- 180° rotation.
- Table top 20" wide...meets all requirements, saves valuable treatment room space, offers greater accessibility to patient.

Own this new Ritter Table for about a dollar per office day under the Ritter Professional Equipment Plan. Ask your Ritter dealer for complete details or write the Ritter Company, Inc., Ritter Park, Rochester 3, N. Y.

### only Ritter makes it so easy...

COMPARE THESE RITTER FEATURES



Patient is positioned on table.

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A light touch of the toe and the table tilts to the treatment position you wish.



Another touch of the controls with the toe and the table returns smoothly to horizontal.

Ritter Company Inc.

thought he had retired.' If the victim is taking post-graduate work, you say, 'Oh, yes, Dr. Doe is back to get some schooling; felt the need of brushing up, you know.'"

Suppose your intended victim is a G.P. In that case, according to Dr. Trees, you merely say, "Ah, yes, he does everything"—with the emphasis on "everything."

For a specialist, too, there's a neat remark with a sharp cutting edge: "Oh, he's a fine man—only it will probably cost you several hundred

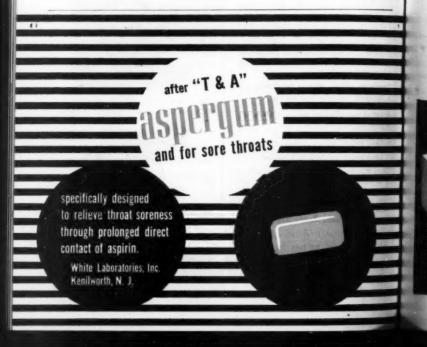
dollars."

 Finally, there's "the damning with faint praise... You say all the right words but there is no wind behind them." Apply these techniques, Dr. Trees concludes, and "you can step up and be recognized as a brother Mephitis mephitis" (or common striped skunk).

### Says Closed Hospitals Encourage Split Fees

Why should fee splitting be so much commoner in some areas than in others? To Dr. Philip A. Caulfield, the reason is clear:

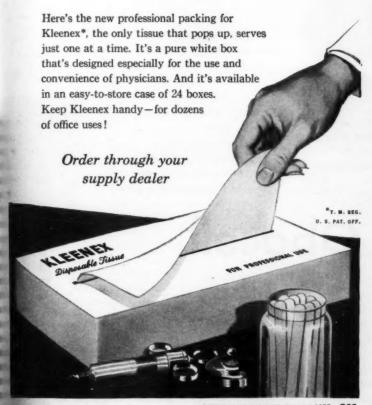
In locales with a relatively low incidence of fee splitting (his own city of Washington, for example), most hospitals give operating privileges to any qualified physician who applies. In heavy fee-splitting



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### protect the liver too!

Grossly obese patients and those with a history of longstanding obesity invariably suffer from impairment of liver function.

Obocell Complex does more than help the patient lose weight...It supplies the needed protection for the liver, plus essential vitamins to support an overtaxed enzyme system in these special obese patients.

1. Zelman, S.: Arch. Int. Med. 20: 141, 1982.

## 1 capsule with a full glass of water on hour before meals. If additional appetite suppressing effect is seeded, increase the

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# do you refer your tubal patency tests?

If so, this message is worth your attention.

Some 17 of every 100 married couples are childless. In half of these the female is at fault, and the commonest cause of female infertility is occluded fallopian tubes.

With the KIDDE TUBAL INSUFFLATOR, tubal insufflation for either diagnostic or therapeutic purposes is rendered safe, simple, and economical.

Pure, filtered CO<sub>2</sub>, the medium employed, is promptly absorbed—no risk of emboli.

Pressure is limited to 200 mg. Hg, automatically controlled by the most constant force known—gravity.

The quantity of gas delivered is limited to 100 cc., and the rate of flow is controlled at your fingertip, precisely revealed at all times by the Flow Meter.

Charging the apparatus is accomplished in seconds, with a disposable, hermetically sealed cartridge.

And—the low cost of the KIDDE TUBAL INSUFFLATOR assures that it will pay for itself in half a dozen uses, assuming the usual fee of \$20 to \$30 for a tubal patency test.

### the KIDDE tubal insufflator



The most completely safe instrument for tubal insufflation available

Tubings and fittings are provided for attaching your own manometer. A kymograph may be connected if desired. For instilling contrast media for salpingography, the Kidde Opaque Oil Attachment is also available.



Ask your dealer to demonstrate, or write for information to

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sections, on the other hand, the hosnitals are likely to allow only a restricted few physicians to operate.

The point is, says Dr. Caulfield (himself a surgeon), that the qualified M.D. who is given free access to the operating room of an "open" institution doesn't need to do ghost surgery or to split fees. The temptation to do so arises only when such a doctor has not been able to obtain staff privileges and is required to turn his patients over to some member of the active staff.

"Years ago there may have been some moral justification for a hospital to turn over cases to staff members, because so few physicians were adequately trained." But today, Dr. Caulfield concludes, there's no excuse for such restrictions, and the "closed" hospital does more harm than good.

### Brevity Seen as Key to Good Speech-Making

If you're presenting a scientific paper to your local medical society, how do you keep from boring your colleagues to death? Tackling this question editorially in a recent issue of Radiology, Dr. Robert P. Barden of Philadelphia offers a number of helpful suggestions. Among them:

Keep your speech brief and to the point. "Talk in headlines, with just enough . . . explanation . . . to make the main thought clear."

I'lt is a sound rule never to say



DR. PHILIP A. CAULFIELD Wanted: more open hospitals

all you know, and to retire while your listeners are still hoping for more . . . If you are allotted twenty minutes, speak for seventeen minutes and sit down."

"Do not read directly from a manuscript. It is bad showmanship." The best arrangement, says Dr. Barden, "is to have an outline of what you wish to say, in topical form, with key words to keep your train of thought on schedule.'

Speak slowly, but avoid groping for words. "The hesitating delivery . . . can be overcome only by repeated practice beforehand."

If you use lantern slides, remember not to project them "faster than one per minute," or your audience will get confused. Also, make

### **ANEMIA**

accompanying or following infection

The "low-grade" anemia which so often accompanies or follows infection in children or adults, often is complicated by depressed bone-marrow function.<sup>1</sup>

Cobalt appears to be the only known agent which can be used to stimulate the hemopoietic function of bone-marrow.

RONCOVITE (the original clinically proved pure cobaltiron product) provides the long-missing factor in the treatment of both iron-deficiency and "chronic lowgrade" (secondary) anemia. The presence of cobalt may actually "force" the utilization of iron<sup>2</sup> where bone-marrow inhibition is present.

Extensive clinical evidence documents both the hemopoietic effectiveness and safety of Roncovite. Clir in (

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### Clinical Proof-

### in Chronic Low-Grade Anemia

"REFRACTORY ANEMIA"

"With cobalt, an effective therapy for anemia accompanying infection is possible." <sup>3</sup>

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SUPPURATIVE INFECTION

"In all patients a reticulocytosis was observed within 6 days. This was followed by increases in red-cell counts, in hemoglobin values, in blood volume and in total circulating hemoglobin."

POST-INFECTION ANEMIA

Excellent results<sup>5</sup> have been reported in post-infection anemia.

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The original, clinically proved, pure cobalt-iron product.

SUPPLIED:

RONCOVITE TABLETS

Each enteric coated, red tablet

contains: Cobalt chloride...... 15 mg.

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Bottles of 100

RONCOVITE DROPS

Each 0.6 cc. (10 drops) provides: Cobalt chloride

(Cobalt 9.9 mg.).... 40 mg. Ferrous sulfate..... 75 mg. Bottles of 15 cc. with calibrated dropper.

DOSAGE:

One tablet after each meal and at bedtime. Children I year or over, 0.6 cc. (10 drops); infants less than I year, 0.3 cc. (5 drops) once daily diluted with water, milk, fruit or vegetable juice.

 Wintrobe, M. M.: Clinical Hematology, Philadelphia, Lea & Febiger, 1951, p. 419.

2. Wintrobe, M. M. et al.: Blood 2:323 (1947).

 Weissbecker, L.: Dtsch. M. Wschr. 75:116 (1950).

 Robinson, J. C., et al.: The New England J. M. 24:749 (1949).

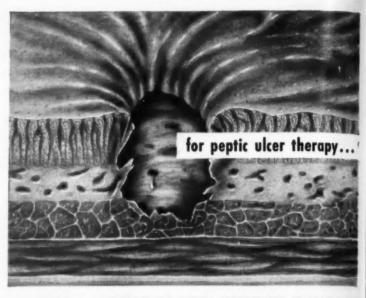
 Weissbecker, L., and Maurer, R.: Klin. Wchnschr. 24-25:855 (1947).

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sure beforehand that the slides are in the right order—and that all thumb prints from the previous showing have been wiped off.

When using a public address system, "Keep your mouth at a fixed distance from the microphone" of seven to ten inches; "and avoid marked variation in pitch and inflection."

### Who, Me?

Sharp-eyed residents of Hartford, Conn., recoil whenever a certain undertaker's hearse goes by—and with good reason. Its license plate reads: U-2.

### Naturopaths Ask Right To Prescribe Drugs

Carolina M.D.s explain why they shouldn't get it

Though naturopaths have been barred from practice in North Carolina, they don't accept defeat easily; so physicians there are keeping a watchful eye on the cultists' activitieselsewhere. Latest cause for alarm: Licensed naturopaths in neighboring South Carolina are suing for the right to prescribe, dispense, and administer "all drugs of botanical origin, including opium and all of its derivatives."

The cultists' main argument, reports the North Carolina Medical Journal, is that they "are fully qualified by training and education to deal in these drugs." But as evidence of the degree of training and education to be expected from such people, the journal quotes a South Carolina naturopath's reports on a husband and wife who came to him for treatment. Here they are, verbatim:

### Report of Examination for Mrs. John Doe

General Toxic condition. Vitality low. Functions of Organs low. Puss in System, Kidneys underactive. Spastic condition showing in Female Organs, Kidney, Liver and Heart. Inflammation in Female Organs, Kidney, Liver and Heart. Direct Insufficiency in Right Vettricle of heart especially Tricisib valve. Corrosive Uterus and Right Overy. Anemic condition.

### Report of Examination for Mr. John Doe

Vitality low. Functions of Organs off 19 points. Toxic condition 41 points. Undersetretion of Kidneys 23 points. Undersetretion of Liver 58 points. Undersetretion of Prostrate 18 points. Spastic condition in Prostrate, Joints, Skin, Kidneys, Liver and Posterior Brain. Arteriosclerosis. Cord and Joint Sclerosis. General puss in system. Gall Stones. Inflammationed condition in Prostrate, Kidneys, Gall Bladder, Liver and Posterior Brain. Carcinoma of Prostrate. Needs Kock Treatment and General treatments.

An M.D. who examined the woman later, says the journal, found that

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she had "a normal postmenopausal pelvis with no evidence of infection; a heart not enlarged, quite regular in rhythm and rate, and without murmurs; and a hemoglobin of 14.1 Gm., with a red blood cell count of 5,000,000."

As for the husband: "The naturopath's treatment," says the journal, with undisguised irony, "may have been responsible for the fact that the patient's 'prostrate' was unusually small for a man his age, and that there were absolutely no nodules to be felt."

### 'Doctors Need Training For Leadership'

Noted educator calls today's medical education too narrow

While American medical education turns out the finest doctors in the world, it falls down in one important respect, according to Chancellor Lawrence A. Kimpton of the University of Chicago: It doesn't place enough emphasis on training the physician for leadership in his community.

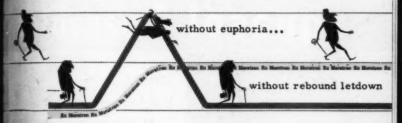
What makes this omission of particular concern, he explains, is that "in this age of science, [the doctor] is bound to rank high among men of high importance"; so people look to him for leadership. Yet he can't exercise such leadership unless he thoroughly understands the world he lives in. And there's the rub, Mr. Kimpton maintains: To-

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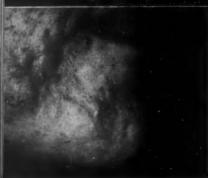
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clinical evidence establishes (as shown in chart below) that aqueous vitamin A, as available in Aquasol A Capsules, provides . . .

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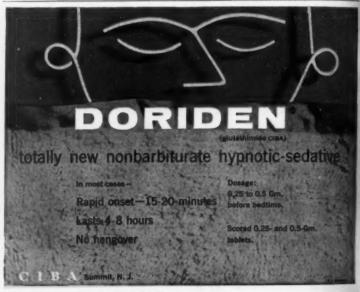
50,000 tt. s. P. units 100,000 tt. s. P. units

day's medical and premedical education overemphasizes specialization, and thus tends to work against any understanding of this sort.

"Youngsters presenting themselves for candidacy to our medical schools show a monotonous and unvarying stereotype of training," he says.

"They have devoured carefully all the prescribed units of physics, mathematics, chemistry, biology, etc.—and little else. The typical premedical curriculum runs a serious risk of educating out of the student the creativity, the critical appreciation, the ability to think, that are so necessary a part of leadership . . . "As for the later medical training, it has to produce competent, technically trained physicians; so there can be little room in this part of the program for a liberal education."

What's the answer, then? Mr. Kimpton envisions it in a curriculum that would expose the fledgling M.D. "to the humanizing studies that [would] acquaint him with the wisdom of the past and give him a broad knowledge of the present." Only with this kind of knowledge, he argues, can the student develop into a real leader; and only with this type of background can he avoid what has become a dangerous pitfall for the medical profession: an in-



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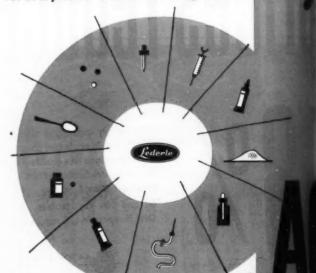
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SPERSON der (C mg. per ful (3 G bottle SOLUBLE MTRAVE) 250, an MTRAMU

ONTHEN tubes OPATHA (196): OPATHA Vial of 2 droppe EAR SOLM droppe STROP (C

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In any of its numerous dosage forms, ACHROMYCIN is a potent weapon to combat a variety of infections. This true broad-spectrum antibiotic has proved effective in controlling Gram-negative and Grampositive bacteria, rickettsia, spirochetes, and certain viruses and protozoa.

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Now available as Syrup-ready-mixed!

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creasing lack of communication among physicians in the various specialties.

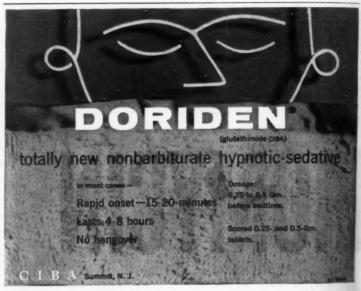
Mr. Kimpton admits that this danger exists for other scientists as well. But he maintains that in the physical and natural sciences, the "difficulties of intense specialization" are being met. New concepts and new techniques, he says, are bringing the physicist, the chemist, and the biologist "into increased communication and cooperation."

Among doctors, however, "I sense—or think I sense—a decreasing mutual understanding . . . I hope that this is the illusion of the layman . . . [For] I must confess to a troubled reaction to the story of the psychia-

trist, who, having completed his diagnosis, said to his patient: "There's nothing in the world wrong with you. It's all in your body."

#### Tax the Fat?

England will be no place for heavy-weights if the Government ever takes the advice of Dr. Hugh M. Sinclair, director of the Laboratory of Human Nutrition at Oxford. He says any state that provides free medical care for its citizens has a perfect right to levy an extra tax on fat people. His reasoning, as explained in a recent interview with a correspondent of U.S. News & World Report:





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"Obesity is dangerous to a person's health . . . Hence, it might be plausible in a welfare state, with a government spending a lot on social benefits, to tax more heavily those who let themselves get too fat."

#### Wanted: Less Surgery, More Diagnosis

Today's surgeons are much too ready to wield a scalpel; and "surgical diagnosis has become almost a lost art." So it appears, at least, to Dr. Leon G. Berman, who teaches surgery at the College of Medicine of the State University of New York, at Syracuse.

He maintains that "it is considered safer today to cut, look, and see than to undertake the responsibility of delay and observation with proper, thorough investigation of diagnosis."

Dr. Berman doesn't blame the surgeon entirely. Too often, he points out in a recent issue of his state medical journal, the patient, the patient's family, and the referring physician expect an operation and complain if it's not performed.

"Rarely is an accolade given" to the surgeon who refuses to operate and who sends the patient home from the hospital without a "fine scar," he notes. But he warns that such lack of public approbation is no excuse for removing healthy tissue: The surgeon must turn a deaf ear to all voices save that of his own



Too much fear in health drives

conscience; and he must use his knife only when a thorough diagnosis has convinced him it's necessary.

#### Fund-Raisers' 'Scare' Campaigns Rapped

It's high time professional fundraisers for health causes stopped "frightening" money out of the public's pockets. Such techniques may be successful, but they create a needless and "destructive" anxiety that takes a heavy toll in physical and emotional health, says Dr. Lester L. Coleman in his new book, "Freedom from Fear."

The New York physician paints a grisly picture of "our destiny," as

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# Single Tablet Combination Therapy in Hypertension

GREATER EFFICACY FROM SMALLER DOSAGE

SIDE ACTIONS FEWER AND OF LESSENED INTENSITY

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Indicated in moderately severe hypertension and in cases not responding to Rauwolfia alone. The combination containing Rauwiloid 1 mg. and Veriloid 3 mg. permits better tolerated doses of Veriloid to exert full hypotensive effect and leads to rapid symptomatic relief, while the contained Rauwiloid provides a tranquil sense of well-being. Initial dose, 1 tablet t.i.d., p.c. In bottles of 100.

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When ganglionic blockade is called for in rapidly progressing, otherwise intractable hypertension, Rauwiloid + Hexamethonium (each tablet containing 1 mg. Rauwiloid and 250 mg. hexamethonium chloride dihydrate) serves with greater efficacy and greater safety. The combination provides smoother, less erratic response to hexamethonium and permits greatly reduced dosage of the latter drug (up to 50% less). Initial dose, ½ tablet q.i.d. In bottles of 100.

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it would seem to be, according to "all the distorted, fear-provoking statistics spoon-fed to us through all media of communication":

"By 1968," he says, with grim humor, "one out of every five of us would be dying of cancer while one out of twenty of us would be in a mental institution. We probably would be visited from time to time in the hospital or asylum by one of our children, a victim of cerebral palsy or polio, while our second child would be at home, ill with rheumatic fever. The third child would, under these circumstances, be forced to go to his psychoanalyst alone.

"Mind you, this could only happen if we were fortunate enough to have escaped the ever-compounding effects of heart disease, tuberculosis, arthritis and smoking cigarettes—and if we had not been previously destroyed by Fourth of July or Memorial Day accidents."

#### Bedside Manner Suffers Sethack Overseas

It's now replaced by 'bed-end' manner, says British journal

Not only in this country, it seems, has the bedside manner fallen upon hard times. British doctors have replaced it with something called the "bed-end" manner, says a leading British medical journal.

According to the Lancet, "This new technique of commenting on

patients' lesions, treatment, and prognosis from the foot of the bed rather than from the side is one of the really big developments in medicine in the past couple of decades."

Tongue deep in cheek, it points out that the bed-end manner has reached its highest development in the hospital—particularly in the teaching hospital, where it has become a cardinal rule that "no doctor shall approach a patient alone: All approaches must be made en masse during the Grand Round . . . This means, in effect, that nobody ever speaks to the recumbent victim except the ward-maid and the man with the newspapers . . "

Doctors are kept at a distance from the patient in other ways, too, adds the Lancet: "Auscultation is unnecessary in view of the electrophonograph; the electrocardiograph gives us the pulse-rate, and the lowered serum-potassium tells us that it is full. The barium meal shows us the cause of his vomiting, and the ventriculograms give a cause, if not the original one, for his headaches . . . By these means all moves to the bedside are obviated."

Concludes the writer, in a more serious vein: "The bed-end manner is a sign of changed medical times, all right. Still one can't help feeling—just now and then, of course—that this change means more to the patient than antibiotics, anaesthetics, electrolytes, psychiatrists . . . and all. Graph paper has replaced the leech in therapy. Is either ideal?"

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BEFORE USE OF RIASOL



AFTER USE OF RIASOL

## The Prognosis in PSORIASIS

Bad, says the dermatologist, until b tries RIASOL. In a series of 231 tage treated by various medications, Lane as Crawford\* reported only 16.5% remission

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The use of RIASOL greatly improves to prognosis. In a series of psoriatics treate with RIASOL after other medications la failed, the cutaneous lesions were complete ly cleared or improved in 76% cases, the successful cases the skin patches clear up in an average of 8 weeks.

The patient with psoriasis must be encouraged, not discouraged by a hopel prognosis. Psychiatrists have reported to roses in psoriaties because of undue per mism on the part of the attending in

sician. Control of psoriasis by use of RIASO often makes it possible for young men m women to marry and lead normal line This may make the difference between happiness and despondency.

RIASOL contains 0.45% mercury ch ically combined with soaps, 0.5% please and 0.75% cresol in a washable, m staining, odorless vehicle.

Apply daily after a mild soap bath a thorough drying. A thin, invisible, come ical film suffices. No bandages require After one week, adjust to patient's progres

RIASOL is supplied in 4 and 8 fld as bottles at pharmacies or direct. \*Arch. Dermat. & Syph. 35:1051, 1937.

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MEDICAL ECONOMICS · MARCH 1955 319

## Memo

#### FROM THE PUBLISHER

#### 'Don't Use My Name'

Some months ago, a physician in Houston, Tex., wrote us a letter that

began this way:

"After perusing the results of your survey of the 1954 doctor crop—well, may I offer my congratulations to what seems a remarkably gutless, lazy, and incompetent group of young men? These fledgling M.D.s apparently believe that the diploma should guarantee them an assured, easy practice (no night or house calls, please)..."

The writer backed up this vigorous criticism with some personal experiences. His letter was clearly the sort that could stimulate the think-

ing of doctors everywhere.

But when we sought permission to publish excerpts over his name, his immediate reaction was "No!"

What makes forthright physicians request anonymity in print? Maybe it's the mistaken belief that having one's name appear in a professional journal is subject to the same ethical limitations as having one's name appear in a newspaper.

Or maybe it's the mistaken belief that anonymity in print can be had for the asking. We can clear up this misconception here and now—at least as far as MEDICAL ECONOMIC is concerned:

Of the several hundred letters we get every month from physicians, quite a few say, in effect: "Don't use my name." We read all these letters with interest. But we refrain from publishing them, as a rule.

What about the exceptions? Why do we publish three or four letters a month signed "M.D., Illinois" or something similar? We do this when:

1. We know who the writer is;

We're convinced that his views would be of interest to the profession at large; and

 We're convinced that the use of his name would cause personal

repercussions.

Typical of the few letters that meet these tests are the following:

¶ "Fee splitting is illegal in my state. But I split fees, and I think other doctors should be proud to do likewise . . ."

¶ "I've been on active duty with the Navy for fifteen months now, and I have not treated a single serviceman for anything . . ."

In such special cases—whether the doctor requests it or not-we conceal his identity. But in the vast majority of cases, if we can't use his name, we simply don't use his letter.

We hope it's significant that when we explained this policy to our Houston friend, he conceded there was no real reason not to use his name. As a result, you saw his signed letter in a recent issue.

-LANSING CHAPMAN

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broader attack to overcome minor throat irritations

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